VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5735 CERTIFICATE OF DEATH

N5686 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE	(Where deceas	ed lived. If instituti		e before adı	mission)
	Dorches'		MARYLAND	Maryland Dorchester					
b. CITY OR TOWN (RURAL ond give n	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orote limits, write F	URAL ond gi	ive nearest t	own)
Rural-Cl	houch Cre		Life	X Ru	ral-Ch	nurch Cr	eek		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)	d. STREET ADDRES	SS			10	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Mor	oth	Day	Yeor
(Type or print)	Elizab	eth	Anne	Brvan	DEATE	May	10).	19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
Female	Negro	WIDOW	ED DIVORCED	Jan. 20.	1876	lost birthday)	Months (Days Hou	ers Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU			country)	12. CITIZ	ZEN OF WH	AT COUNTRY
House	king life, even if retired		Housewife	Dorche	ester (County, M	ld L	USA	
13. FATHER'S NAME	., 2	1		14. MOTHER'S MAID		, , , , , ,		0 10-2	
	Robert C	hoat	0m	A	ln aol ix	ne Hick			
				INFORMANT	ngelir	Add			
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	Money.	Emanue De		There a la C		NA	
No la sauce or pe	**** (c		NON€ ne for (o), (b), ond (c).]	<u>Emerson</u> Br	yan, (hurch C	reek.	Md.	
	ATH WAS CAUSED BY:		Coronary Hea	nt Diseas	A			ONSET A	ND DEATH
420	IMMEDIATE CAUSE (o		OUT OHAT Y TIVE	al o Disoas	<u> </u>				
Conditions, if c								100	
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coese (o), stoting lying couse lost.	the under-								
	HER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU	T NIOT BELATED TO THE T	EDMINIAL DICEA	SE CONDITION ON	/ENLINI DADT	1/-1/10 14/	V29OTUA 24
E PART III. OT	TIER SIGNATUCANT CON	3				SE CONDITION GI	EN IN PARI	PEI	REORMED?
20 466195117			neralized An					YES	□ №□
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZUD. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	y in Port 1 or Po	rt II of item (B.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	20d. I While of wor	Not while fo	LACE OF INJURY (Home, octory, street, office bldg.	farm, 20f. (Ci	y or town)	(Co	ounty)	(Stote)
21. I certify the	nat I attended the	deceas	ed from March	5, 19 59, to	May 1	0, 196	Othat I lo	ast saw th	ne decease
alive an Ma	ev 10	196	O, and that deat						
	111 /	7	Y			Street, city or town,			DATE SIGNE
ACTUAL	Klush	ade	X	M.D. 227 Pi	ne St-	Cambrid	ge . Md	M	ay 14.
				.m.b					
PHYSICIAN'S NAME (Type)	. Edwin Fa	asse	tt, M.D.						
220. BURIAL, CREMATIC)F	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOC/	ATION (City, town,	or county)	19	itote)
REMOVAL (Specify Burial		960		Cemeterv		chester	-		Md •
23. FUMERAL DIRECTOR		,	ADDRESS		REC'D BY REGIS		STRAR'S SIGN		ride
Hubert	Mulle	1111	1. 1	-					
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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 800 Dec 202

			N	and had been	
1. PLACE OF DEATH o. COUNTY Dorchester		RESIDENCE (Where decease Maryland	1 6010.70	Residence before Dorche	
b. CITY OR TOWN If outside corporate limits, write RURAL ond give nearest town) Cambridge		or town (If outside corp ral Cambri		AL and give ne	arest lawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	et address) / d. STREE	T ADDRESS			e. IS RESIDENCE ON A FARM?
Cambridge Maryland Hospital	R.	F. D. # 2			YES NO
3. NAME OF DECEASED (Type or print) Thomas		4. DATE OF DEATH	May	30	Year 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER Male Negro WIDOWED DIN	MARRIED 8. DATE OF BIF	15 1015	Anna Anna Anna Anna		Hours Min.
10c. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Laborer Food P	NESS OR INDUSTRY 11. BIRTH	PLACE (Stole or foreign co	ountry) 1	2. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME		'S MAIDEN NAME			
Daniel Bryan		y Elliott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown Yes WW II 217-10-	2.0	omas Bryan	Address 1 Rt. 2	Cambri	dge, Md
gove rise to immediate couse (a), stoting the underlying Couse last. (c)	e fractures			1	l Hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY JO OF CONTRIBUTING Was passen.					PERFORMED?
	y occurred. (Enter nature of ger in carin	collision	with an	other	car.
6:40 p.m. 5/30 1960 While of work at work	Rt. 50.	Nr. Camb		(County)	(State) Md.
21. I certify that I toak charge of the remains de apinion death resulted fram: Natural causes [],		in Autopsy [], In de [], Hamicide		nquiry [], ned manner	and in my
ACTUAL SIGNATURE 22 22 22 22 22 22 22 22 22 22 22 22 22	M.D.	MEDICAL EXAMINER	6/4/6		DATE SIGNED
NAME (Type) John Mace Jr. M.D.	DEPU	TY MEDICAL EXAMINER	\$ 0/4/0		
PEMOVAL (Specify)	F CEMETERY OR CREMATORY COWN Gemeter		ambridge,		(Stote) Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert StClair Cambridge	3.7. 3	240. REC'D BY REGISTA DATE	24b. REGISTRAI	R'S SIGNATURE S. Flines	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 STREET, BALTIMORE 1, MARYLAND 57 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY of Hearts director. Page e. STATE b. COUNTY Dorchester Co. MARYLAND Dorchester Co. b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) your write RURAL and give nearest town) Cambridge, Maryland. Life
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ambridge, Maryland. Board d. STREET ADDRESS be refained State | Maryland Hospital. D.O.A. Cambridge. Md. DECEASED the (Type or print) 18. Give Pages 1, 2, and 3 to th DEATH Clifton Burton with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with nit. File pages 1 and 2 with last birthday) Months WIDOWED DIVORCED 19 yrs. 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Labor Labor Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillie Cox Clifton Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Office along with for burial-transit permit amoval, and in any e Mrs. Edgar Burton, R.F.D.# 2, Cambridge, Md. No. in pencil in Item 1 Unknown 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which execute the certificate, writing the word "pending" gave rise to immediate ceuse Examiner's 60 DUE TO 38 (a), steting the underlying 0 used ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 9 Medical plnods 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 1 20f. (City or town) factory, street, office bldg., etc.) While Not While 0 at work et work prior 21. I certify that I look charge of the remains described above, held an Autopsy | Inspection to Inquiry agent, Natural causes x Suicide , Undetermined manner death resulted from Accident Homicide | CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE be DEPUTY MEDICAL EXAMINER NAME (Type) John Mace Jr. Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE REMOVAL (Specify) 0 940 Dorchester Memorial Park Cambridge Md Burial 23. FUNERAL DIRECTOR VS. AISME Le Compte Funeral Service, Cambridge, Md. 5M 7/59 '60

. IS RESIDENCE ON A FARM?

YES T NO

1960

ONSET AND DEATH

Abt. 1 day

PERFORMED?

NO Z

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and in my opinion

DATE SIGNED

U.S.A.

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after death. Page

within 24

death certificate

* or give 1 company of the contract of the Taylors Island, Mar. Land Mayor .A.E.U DELLE Ligarity and Light to Storical School V. County V. County Cou . Unknown . Nos Short Cadens, Daltamars, Catylons. In course Pursual Province, Cartail 1809, Ca

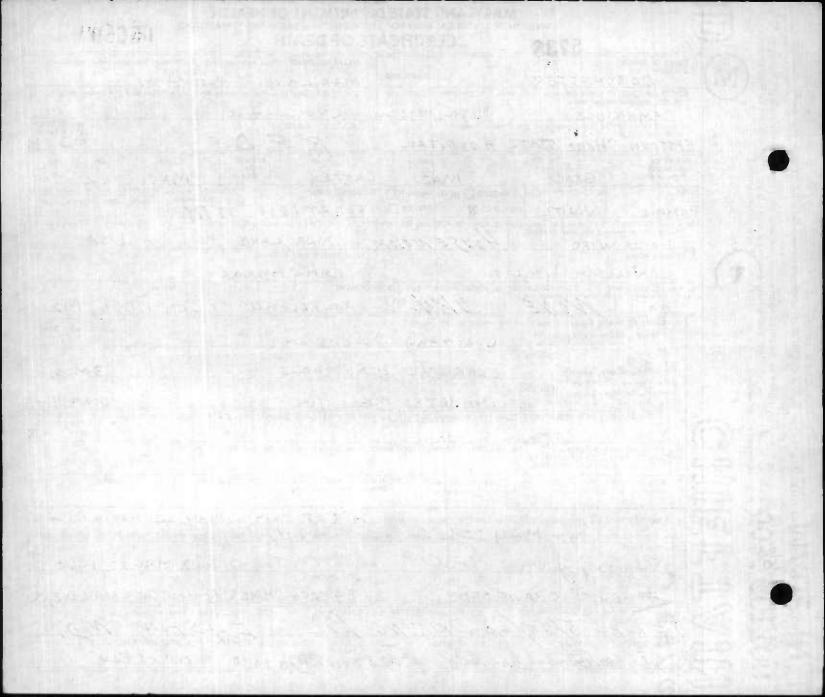
TO HOSPIT TO FUNER

VR A1S (4) 15M 9/59

CERTIFICATE OF DEATH

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	5738	CERTIFICA	TE OF DEATH	4	09009
1. PLACE OF DEA o. COUNTY	RCHESTER	MARYLAND	2. USUAL RESIDENCE (VO. STATE	b. COUN	ution: Residence before admission)
b. CITY OR TO	WN (If outside carporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
d. NAME OF F	011	12	d. STREET ADDRESS	7 1	e. IS RESIDENCE ON A FARM?
	SHORE STATE	HOSPITAL	15.1-	-, U.	YES NO
3. NAME OF DECEASED (Type or print)	First GRACF	Middle	CARTER	OF.	Av 2Z 1960
5. SEX		7 7 1 444	B. DATE OF BIRTH	9. AGE (In year lost birthdo)	F UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE WIDO	WED DIVORCED	FFB 27. 18	81. 79 NB Y	
100. USUAL OCCL	JPATION (Give kind of work done 10 of working life, even if retired)	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stot	e or fareign country)	12. CITIZEN OF WHAT COUNTRY
14003	E WIFE	HOUSE WORK	MARY		USA
13. FATHER'S NAM	1		14. MOTHER'S MAIDEN		
	ILLIAM WILLI:	/	EMMA		
15. WAS DECEASE (Yes, no, or unknown)	ED EVER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. IN	IFORMANT	A	ddress
No	NONE	UKN- HO.	SPITALRECO	RDS CAL	HBRIDGE MD
	OF DEATH [Enter only one couse per	line for (a), (b), and (c).]			INTERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CORONARY C	CCLUSION		
260	DUE TO				
		CEREBRAL H	EM ORRHAGE		3 Mos.
	to immediate DUE TO				HESTA DOMESTIC
lying couse	/ (0)	DIABETES M			OUER 11 4R
PART I	I. OTHER SIGNIFICANT CONDITION	SCLEROSIC	NOT RELATED TO THE TERM	minal disease condition (GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	NT WAS UNDERLYING 20b. D UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	ESCRIBE ĤOW INJURY OCCURREI	D. (Enter noture of injury i	n Port I or Port II of item 18.)	
Hour I	o. m. Whi	,	ACE OF INJURY (Home, fai fory, street, office bldg., e		(County) (State
21. I certify	y that (I) (this haspitol) atte				22, 1960, that (I) (we) los
	eceased olive an MAL	1-221960, and that d	leoth occurred at 72	M, fram the causes	and on the date stated above
220. SIGNATI	O P	1-0,		MED. STAFF	22b. DATE SIGNED
22c. PHYSICIA	any of tena	ofora.	M.D. PHYS. 22d. ADDRESS	DIRECTOR PHYS.	MAY. 22, 1960
NAME (T	RRY J CRAWE	CARD		CHOPE STATE HAS	PTAL CAMBRIDGE MO
23o. BURIAL, CREA		23c. NAME-OF CEMETERY O		23d. LOCATION (City, tow	7 7 7
REMOVAL (SI		o SPRING	11/11	E457	on MA
24. FUNERAL DIRE	CTOR'S SIGNATURE	ADDRESS	25o. RE	C'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
10.7	Conston (9,4	sell EA	STOW AGAS	24'60 On	Chur S. Kraus
W. 7	Conston (3,	sell En	STON NOW		



FOR STATE HEALTH DEPT

thin 24 hours after death. If any delay is necessary, please 8. Give Pages 1, 2, and 3 to the gall director. Page with form PM3. Page 5 may be read for your files. In pages Tomb 2 with the State Board of Health, in any event within 72 hours after death.

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	8	4	0	or its designated agent, prior to burial, cremation, ar removal, and in
	execute certificate, writing the word "pending" in pencil in Item, 18		F	
,	A	151	MF	

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	5730							Reg. Dist.	No.	
1. PLACE OF DEATH O. COUNTY DOT	chester		MARY	LAND	2. USUAL RESIDENCE (* o. STATE Mary	Where deced	sed lived. If institution b. COUNT			2)
b. CITY OR TOWN (I	(f outside carporate limits, wri n)	Te RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I	f autside car	rporate limits, write	RURAL ond give	e nearest town)	-
Cambrid			7 days		Crisfield /937.			d		
	Shore State		spital, give street address ital	1	d. STREET ADDRESS	st St	reet		ON A F	ARM?
3. NAME OF DECEASED (Type or print)		nt Niam	Middle Vernon		Lost	4. DATE OF DEATH	Mont		ay Year	(0
5. SEX			ED NEVER MARRIED		Collins DATE OF BIRTH		9. AGE (In years	IFUNDER TYE	19 AR IF UNDER 2	60
Male	White	WIDOWE				70?	fout birthday) 907 yrs.	Months Days		
10a. USUAL OCCUPATI during most of worki	ON (Give kind of work ng life, even if retired)	done 10b.	KIND OF BUSINESS OR I	NDUSTR			country)		US L	JNTRY
13. FATHER'S NAME			-		14. MOTHER'S MAIDEN	NAME		•	. 0 .0 .2.	
	Unkn	OTTE		4111		Unkn	men			
15. WAS DECEASED EV	/ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	V-02.152	Address	1		
No				Eas	tern Shore	State	Hospital	Records	3	
Canditions, if a gave rise to imme (a), stating the	diate cause	1					1 4			
PART II. OT		IDITIONS C	ONTRIBUTING TO DEATH					VEN IN PART 1(o	PERFORME	
	NTRIBUTING []	OU. DESCRIE	SE HOW INJURY OCCURI	KED. ĮLI	ner notore or injury in ro	II I OT FOR I	of tem (5.)			
20c. TIME OF INJU	RY Month, Day, Ye	Whil		e. PLAC facto	E OF INJURY (Home, formany, street, affice bldg., etc.)	m. 20f. (Cit	y or town)	(County)	(S	iole)
			remoins described	-		sy [], 1 Hamicide	nspection 🔼	, Inquiry [ermined mon], ond in	n my
ACTUAL SIGNATURE	Jon	2	may	4	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGN	ED
EXAMINER'S NAME (Type)	John Ma	ice Jr		(ASSISTANT MEDICAL DEPUTY MEDICAL				5/31/6	0
220. BURIAL, CRÉMATIC REMOVAL (Specify Burial	ON, 226. DATE THERE		22c. NAME OF CEMETE				field. M	.,	(State)	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS risfield, Mo		240. REC	D BY REGIS		STRAR'S SIGNA	TREA	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5740 **CERTIFICATE OF DEATH**

(15691 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	orchester		MARYLAN		usual residence (Who a. STATE Maryl		d lived. If institution b. COUNTY	on: Residence Dorch	before adm	ission)
b. CITY OR TOWN RURAL ond give Hurlo	(If outside corporate liminearest town) CK - Rurlock	Is, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (If o	outside corpo ck – F		URAL and giv	ve nearest to	wn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ive street	address)	1	d. STREET ADDRESS	Zion			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Octi		Woodville	3	Corkran	4. DATE OF DEATH	May		Day	Year 19 60
5. SEX Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED E		ate of Birth uly 25, 187	3	9. AGE (In years lost birthdoy) 86 yrs.		YEAR IF UN Days Hour	
during most of we Farmer 13. FATHER'S NAME	orking life, even if retired)	kind of business or in Farm			burg,	Maryland		S.A.	COUNTRY
15. WAS DECEASED EN (Yes, no, or unknown)	VER IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.	Ray	mond F. Cor	kran,	Williams	burg,	Md., 1	R.F.D.
Conditions, if gove rise to couse (o), stotin lying couse los	g the <u>under</u> . DUE TO	Gent	eralized at	lern	interior of the tenth	La H	ypertens	E VEN IN PART	10 y	to yes
To arien	en fibre	alis.	CRIBE HOW INJURY OCCU	up			t II of item 18.3	EN IN PARI	PERI	FORMED?
	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	KIND. (I	enter noture of injury in	ron i or ron	T II of Hem 15.)			
20c. TIME OF INJU Hour o. m p. m	. 10	While	NJURY OCCURRED 20e Not while k ot work		OF INJURY (Home, farm, street, office bldg., etc		y or town)	(Co	ounty)	(Stote
21. I certify alive an	that I oftended the Tay Kac, B DR. H.B.	deceos Ju		oth oc	Courred at 12:30 Pues hu				dote stot	
220. BURIAL, CREMAT REMOVAL (Specif BULLAL	May 26,		22c. NAME OF CEMETER Choptank	y or ci	rematory tery	22d. LOCA Nes		n, Mar	yland	tote)
23. FUNERAL DIRECTO	ptom and Son	, Fed	deralsburg, M	lary!	and	D BY REGIST		STRAR'S SIGN		

ely filled by the funeral director, Poges 1 and 2 should be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be need by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the registror prior ta burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

urs after death. Page 4

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VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
DAIL I WALLED	01AIL	DEI MILITERIT	91	HEALIT DALIMONE,	

5724 CERTIFICATE OF DEATH

(15693) Reg. Dist. No.

			rag. Dist. 140.
1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	d. If institution: Residence before admission) b. COUNTY
Dorchester		Maryland	Dorchester
 CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I	imits, write RURAL and give nearest town)
Taylors Island	Life	X Taylors Is	sland
d. NAME OF HOSPITAL (If not in hospital, give stre		d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION		/	ON A FARM? YES NO NO
3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month Day Yeor
(Type or print) Henry	Hilton	Cornish DEATH	May 18, 1960
5. SEX 6. COLOR OR RACE 7. MA	ARRIED T NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Negro WIDO	WED DIVORCED	June 13, 1895	St birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10			
during most of working life, even if refired)			
Bus Driver	Transportati		Md. USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Samuel F.	Cornish	Mary (Cornish
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17.	NFORMANT	Address
NO		Bradford Cornish.	Taylors Island, Md.
18. CAUSE OF DEATH [Enter only one couse per	line for (a) (b) and (c) 3	DIAGICIA GOITIZSII,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		mt Diagona	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Coronary Hea	Tr. DIsease	
DUE TO			
Conditions, if any, which) (b)			
gove rise to immediate (
lying couse last.			
	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIO			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of	item 18.)
	. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or to	own) (County) (State)
Hour o.m.	ile Not while fo	ctory, street, office bldg., etc.)	
	7	3 50 Mars 30	60
21. I certify that I attended the dece			, 19 ⁶⁰ ,that I last saw the deceased
alive an May 18 19	160 , and that death	accurred at 10 M, fram the	e causes and an the date stated abave
West. I			city or town, state) DATE SIGNED
SIGNATURE TO JULY		M.D. 227 Pine St-Car	mbridge. Md. 5-20-6
SIGNATURE		m.u	
PHYSICIAN'S J. Edwin Fas	sett, M.D.	(
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify) Burial 5/22/1960	Taylors T		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REGISTRAR	The state of the s
Herler H. allass	he combaidac	-00	author S. Marie

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

712	CERTIFICATE	OF DEATH	ı
1 1 4			-

05694 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Dorchester Co. MAK	Maryland Dorchester Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Cambridge, Maryland, 1 Year,	Fishing Creek, Maryland,
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Glasgow Nursing Home	None YES NO
3. NAME OF First Middle DECEASED (Type or print) Contact Total	OF DEATH
Suite Lewis	Ole Tenton
MARKED A TELER MARK	lost birthdoy) Months Doys Hours Min.
Female White WIDOWED DIVORC	ED 1/1/1883 77 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE TSION or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife Housewife	Fishing Creek, Maryland, U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2 7 7 1	131 0 111
Samuel Lewis	Alice Creighton O INFORMANT Address
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [(If yes, give war or dates of service)	J. HAPORMANI Address
No No No	Theodare Creighton, Fishing Creek, Marylan
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	rdety sorie. A does
DUE TO C	· /
Conditions, if ony, which) (b) Doley to	Atus is O-DIS
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lying couse lost. (c)	1 c saleics.
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PAMIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	PERFORMED? YES \(\) NO \(\)
of provided //www.	
20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State
Hour o. m. While Not while	foctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. 1 certify that Lattended the deceased fram 2	10 195 8 to 5/12 18 Athat I last saw the decease
1 1 1 2	The decease
alive on 1900, and tha	t death accurred atM, fram the causes and an the date stated above
(M 280	ADDRESS (Street, city or town, stote) DATE SIGNE
SIGNATURE COLLEGE	1046 ocust) 5/19/
SIGNATURE	
PHYSICIAN'S MAME (Type) MAME (Type)	CAMBRIDGE ML
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEA	AETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 5/18/1960/ Dorche	ster Memorial Park, Cambridge, Maryland,
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Le Compte Funeral Service, Cambridge	ge, Mde DATE JUN 1 '60 Carthury S. Harra

TO HOSPIT TO FUNERA SA VE WEEN AND TO FUNERA THE registry

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FOR STATE

TO DE: I MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the letter is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to this carel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, (158795) 05695

571 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dorchest		MARYLAND	* Maryland	b. CC			amission)
b. CITY OR TOWN (in Cambridge	foutside corporate limits, give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporete limits, w			n)
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS				SIDENCE
219 Wes	t End Ave		219 West 1	End Ave			NO TO
3. NAME OF DECEASED (Type or print)	Peral Pearl	Middle Parks	Duncan	4. DATE MO OF DEATH MAY		Day Yeer	60
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	. DATE OF BIRTH		IF UNDER 1 Y	YEAR IF UNDER	
Male	T.Th. of A.	WED A DIVORCED	May 3, 1986	71 yrs	1110111113	Days Hours	Min.
10e. USUAL OCCUPATI done during most of wo Housewife	ON (Giva kind of work rking life, even if retired)	Own Home	Y 11. BIRTHPLACE (Stete o	or foreign country)		S A	OUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	THE		
Joseph	Parks		Maggie Mc (Соу			
	R IN U.S. ARMED FORCES? (yesgive war or dates of sarvica)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addı	ess		
No		No Mr	s Howard Will	loughby Cam	bridge	Marylan	d
DART L DEATH	DUE TO COM	er line for (e), (b), and (c).] eardial infarcti conary occlusion	Lon			interval betwoest and do 15 mi	n.
geve rise to immedia (a), stating tha uncause lest. PART II. OTHER	ndarlying DUE TO	romary sclerosis		AL DISEASE CONDITION (SIVEN IN PART	PERFO	
death resulted f	NTRIBUTING TO RY Month, Dey, Yaer 20 W 19 at 1 at 1 took charge of the r	remains described above, he Accident, Suice He Wolff	CE OF INJURY (Home, farm, ory, straet, office bldg., atc.) Id an Autopsy, lide, Homicide CHIEF MEDICAL EX M.D. ASSISTANT MEDIC DEPUTY MEDICAL Address (Street, cli	20f. (City or town) nspection Inq Undetermined (AMINER CALEXAMINER	mbridge	DATE SIGN	NED 7 196
Burial (Spacify)	May 28, 1960	Dorchester M	emorial Park	Cambridge	e Mary	land	3]
Le COmpte		e Cambridge Ma	ryland HAY	3 1 '60	EGISTRAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5730

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-					Key. Dist.	140.
1	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W		. If institution: Residence	before odmission)
	Dorchester	MARYLAND	Maryla		Dorches	ster
	 CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate lin	mits, write RURAL and giv	e nearest town)
L	Cambridge	1 day	Crapo.	Md.		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
F	Cambridge-Maryland	Hospital	Rural			YES NO
3	NAME OF First DECEASED (Type or print) TeRoy	Middle Gran v ille	Foxwell	4. DATE OF DEATH	Month v 8.1960	Day Year
5	SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. AC	E (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	Male White WIDOW	ED DIVORCED	November 4.1	892	67 yrs. Manths D	ays Haurs Min.
1	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZE	N OF WHAT COUNTRY?
	Retired Laborer		Crapo. Mo			U.S.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	F. Hollie Foxwell		Jennie K	irwan		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NFORMANT		Address	
V	No	Mr	s. Agualia T	Formall	Williamsburg	Md
F	1B. CAUSE OF DEATH [Enter anly one cause per li		31-48-40779-7		Wall tampout	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		Hones	00114	000	ONSET_AND, DEATH
	IMMEDIATE CAUSE (a)	CEREBRAI	HEMM	ORRIHI	166	& HRS
	Conditions, if any, which gove rise to immediate (b)	PULMONAR	Y DEC	MPEN	SATION	2 mos
	couse (o), stating the <u>under-lying couse last.</u> DUE TO (c)	ARTERIOS	CLEROTIC	HT.	PISEASE	UNDET.
11012	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE CON	DITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
- LANGE	200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of	item 1B.)	
1	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19 at wor	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farr	m, 20f. (City ar to	vn) (Co	unty) (Stote)
0	Hour o. m. While	I AUI WILLE	ctory, street, office bldg., etc	c.)		
,	p. m. 19 at wor	k ot work				
	21. I certify that I attended the deceas		, 1960, to -	18/	, 19_69hat I last	saw the deceased
1	alive an 5/8 196	and that death	occurred at 2:00	D. from the o	auses and on the	date stated above
Г				ADDRESS (Street, c		DAJE SIGNED
	ACTUAL OLLLAR N	1	136	RACE	ST	5A/60
	SIGNATURE CONTRACTOR	congenie	M.D	777 00		1.7.00
	PHYSICIAN'S ALFRED R.	MARYANO	V	CAME	BRIDGE	, MD.
2	20. BURIAL, CREMATION, REMOVAL (Specify) May 10,1960	22c. NAME OF CEMETERY OF FOXWELL Fami		Crapo,	City, town, or county) Md.	(State)
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S SIGN	IATURE
L	Dennett X. Hou	ud Cambridge		MAY 1 2 '60	arthur S.	

VS A15 (4) 1SM 9/S8

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITA May be May be TO FUNER Dage 3 sha 05697

5716 CERTIFICATE OF DEATH

Rea. Dist. No.

Cambridge, Maryland Hospital. Rainbow Ave.	er Co.
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cambridge Md. d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION Cambridge Maryland Hospital Maryland C. LENGTH OF STAY IN 1b Cambridge, Maryland d. STREET ADDRESS e. Rainbow Ave	st tawn)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fawn) Cambridge Md. d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION Cambridge Maryland Hospital c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest	IS RESIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Cambridge, Maryland Hospital. Rainbow Ave.	IS RESIDENCE
Cambridge, Maryland Hospital. Rainbow Ave.	ON A FARM?
campridge, maryiand nespital.	ES NO
	13 [] NO
DECEASED	Year 17 19 6
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF	
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Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIETHFUACE (State or foreign country) 11c. BIETHFUACE (State or foreign country)	HAT COUNT
Housewife Housewife Andrews Maryland U.S.	A.
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Milton Hughes Susie Burton	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address	
(es, no, or unknown) (If yes, give war or dates of service)	
No No No Mr. Alonza Gore, Rainbow Ave., Cambridge	. Mar
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c),]	AL BETWEEN
PART I. DEATH WAS CAUSED BY:	AND DEATH
IMMEDIATE CAUSE (a)	
DUE TO	
DOE TO TO THE TENTE OF THE TENT	
(Canditions, if any, which) (b) (mentor Fabriballar	
gave rise to immediate	
cause (a), stating the under DUE TO	
lying cause lost. (c) Congestione pear aware	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPS PERFORMED? ES NO [
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	13 140
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur o. m. Description of the control of the contr	(Sto
Haur o. m. While Nat while factory, street, affice bldg., etc.)	(
p. m. 19 at work at work at work	
21. I certify that I attended the deceased fram. 1960, to 1960, to 1960, that I last saw t	he deceas
alive an 5 - 17 . 19 60 , and that death occurred at G35PM, from the causes and on the date s	A.A. J. L.
divided in the date s	
ADDRESS (Street, gity or town, state)	DATE SIGN
ACTUAL Supplies Suppl	5-20-
SIGNATURE M.D. CENTER M.D.	
PHYSICIAN'S NAME (Type)	
	/Chahr.\
20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
Provided E/00/1060 D	
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 21b, REGISTRAR'S SIGNATURE	
240, 1120	
Le Compte Funeral Service, Cambridge, Md. DATELIN 1 '60 Cuttury S. Kuns	

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY OFE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Yeor 1960 Mav h 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Davs Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? U.S. Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) , and that death occurred at 9.30 A.M. from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED M.D. E.S. S. Hospital, Cambridge 22C. TYAME OF CEMETERY OR CREMITTORY 22d_LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

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FUNE page 0 VS A15 (4) 15M 9/55

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ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

BURIAL CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Thomas J. Dredge

al

ADDRESS

226. DATE THEREOF

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by the haspital ar attending physician.	CTOR: After this certificate has been sig	e detached for use as the buriol-transit	been been an acidomoso la includad at a
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aned by the haspital ar attending physician.	DIRECTOR: After this certificate has been sig	Id be detached for use as the buriol-transit	been been an acidomostica or soine
lined by the haspital ar attending physician.	and DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral di	should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be file	themse mine to have a promotion of any and in man within 70 house after the

1				MARY	LAND	STATE DEP	ARTM	ENT OF HEALT	H-BAL	TIMORE, 1	80570	n	
,-	5 _			57	18	CERT	IFICA	TE OF DEAT	Н		Reg. Dist. No	9	
ge 4	(1.	PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceased		on: Residence befo	ore odmi	ission)
Page director	(M			hester Co.		MAR	RYLAND	o. STATE Maryla:	nd	b. COUNTY	Borches	ster	Co.
death.				(If outside corporate li	mits, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	JRAL and give ne	earest tov	wn)
for do			Cambraida	a Mamelane	d.	Life		/ Cambridge	Maryla	and,		,	
ofte 7 the 2 sho	X			TITAL (If not in hospital,	, give street o	oddress)		d. STREET ADDRESS	72 - 1			ON	A FARM?
hours hours		3.	Hambro NAME OF	oks, Blvd.	First	Middi		Hambrooks,	Blvd.				NO X
24		3.	DECEASED (Type or print)					Last	OF DEATH	Mon 5	in D	18	Yeor 19 60
thin Iy fill oge	,	S.	SEX	6. COLOR OR RACI	Bram	IED NEVER MARK	rsema	B. DATE OF BIRTH		9 AGE (In years	IF UNDER 1 YEA		
kit kit			Female	White	WIDOWE		-	Unknown		lost birthdoy)	Months Days	75"Y	Min.
omp	\$. USUAL OCCUPAT		k done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co		12. CITIZEN C		
and c	BI		Housew			ousewife		Marylan	d		U.S.	A.	
an ar		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				0.00
rtificote physicia move a				man Bramb				Sarah .	Asplen				
d) D	hot	15. {Ye	WAS DECEASEDEN	ER IN U. S. ARMED FO	ORCES? 16. S	SOCIAL SECURITY N		IFORMANT		Addı			
ding ding	n 72	-	NO.	NO		Unknown		r. William W	ise, C	ambridge,			
dea dea	withi			EATH [Enter only one ATH WAS CAUSED 8Y		Pulma		N DE	COMP	PENICA	TION	ISET AN	D DEATH
the the Then	vent		420	IMMEDIATE CAUSE		0=/*.0.	, , , ,	- L DE	<u> </u>	E 1V \$11	77070		UIT IS
tho	e &		Conditions, if	ony, which)	(b)	ARTER	105	CEROTIC	H	T. DIS	EASE	UN	DET
uires gned perm	, <u>c</u>		gove rise to couse (o), stoting	immediate (1								
required in sign.	puc	_	lying couse lost		(c)								
law hysici bee I-trar	, d	CATION	PART II. O	THER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO D	EATH 8UT	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PART 1(o)	PERF	ORMED?
The plant has	9		20g ACCIDENT V	VAS UNDERLYING	20h DESC	PIRE HOW INITIPY	OCCURRED), (Enter noture of injury in	Port I or Port	II of item 18.)		AF2 [] NO []
AN: andir icote	0 0	CERTIF	OR CONTRIBUTIN	G CAUSE OF DEATH	H)			, (2, ,,					
SICI officertifications of the	ion,	MEDICAL	20c. TIME OF INJU			IJURY OCCURRED	20e. PLA	CE OF INJURY (Home, for	m, 20f. (City	or town)	(County	')	(Stote)
PHY al ar this o	emol	MED	Hour o.m	10	While of work	Not while of work	Toc	tory, street, office bldg., et	c.)		X		
aspii fter fter d fo), cı		21. I certify	that I ottended th	ne deceose	ed from File	8	, 19 60, to	5/18	, 19 60	that I lost sa	w the	deceased
R: A	buric		olive on	5/17	, 19 6	o, and the	at death	occurred of					
by the	0		ACTUAL	011.1	1 22	1		120		reet, city or town,	stote)	8%	TE SIGNED
OR ined DIRE	prior		SIGNATURE	agour	101	many	enu,	A.D	1214	CE 51			7/60
Shoul	strar		PHYSICIAN'S NAME (Type)	ALFRE	DR	2. MAK	ZYAI	nov CA	7MB1	RIDGE		m	D
HOSP oy be FUNE	Te d	220	BURIAL, CREMATI		EOF	22c. NAME OF CEA	METERY OF	CREMATORY	22d. LOCAT	TON (City, town,	or county)	(St	ote)
o HO o FUN	, e		Burial	5/22/1	960.	Cambridge	e,Cem			bridge, l		•	
VS A15 (4)	P.	23.	TA Compt	e Funeral	Samria	ADDRESS Cambrei	dee	2//-2	D BY REGIST		TRAR'S SIGNATU		
1SM 9/S8	1.20		Te courb	e runerar	PELATO	e, Calibri	uge,	DATEU	N 1 '60	Chi	hun S. Than	/or	

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O december	boaucred	Led retended
	1fe Camaridee, Harriand, 1	tagenday, Narytani, a Livens
	AND CHOCKET	. br.U velocine
pa U. si	Horsens :	Larry Link Present
esal W words	Unicoonta Vingrama	For let Number Dore 12
.2.0.00	brusynit alles	end de de la company
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AND TO L	terment the collection from their cities,	at A. ar
	William II Vannama	
ALAN AVS	ATERIOSE CHESTA	A like the second
18/23	R SHANDEN SHOWN	Manager Comment
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item et

FilmG263 5-20-60 et

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		571	9		EKTIFIC.	AIE	OF DEAL	П		Reg. D	ist. No.		
Ī	PLACE OF DEATH						SUAL RESIDENCE (Where decease			nce befo	re odmis	sion)
		orchester	Co.		MARYLAND	°	Maryla Maryla	and	b. COUNT		ches	ster	Co.
	b. CITY OR TOWN (I	f outside carporate lim	its, write	c. LENGTH C	OF STAY IN 16	C	. CITY OR TOWN (I	f outside corpo	prote limits, write	RURAL ond	give ned	arest taw	n)
L		ge, Maryla	nđ	1 Day	y	X	Cambric	dge, Ma	ryland.				
7	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	give street	oddress)		1	d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?
L	Cambridge	. Maryland	, Hos	spital.		1	R.F.D.# 3	Cambr	idge, Ma	rylar	id.] NO []
3	NAME OF DECEASED	Fi	rst		Middle		Losi	4. DATE OF	Мо	nth	Do	у	Year
	(Type or print)	Berth		lover	Hubb	ard		DEATH	5		1	3	1960
5	SEX	6. COLOR OR RACE	7. MAR	RIED X NEVE	MARRIED [8. DA	TE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDE Months	R 1 YEAR	IF UND	ER 24 HRS. Min.
L	Female	White	WIDOW		OIVORCED [9	/7/1885		75 74		Days	Hours	Min.
10	o. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b	KIND OF BUS	INESS OR INDI	USTRY	11. BIRTHPLACE (Sto	ole or foreign o	country)	12. C	ITIZEN C	OF WHA	T COUNTRY
	Housewife			House	ewife		Marylai	nd.			U.	.S.A	•
13	B. FATHER'S NAME					14.	MOTHER'S MAIDEN	NAME					
L		. Glover						Lia Rhe	a.				
	. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of	service)	SOCIAL SECU		INFOR	MANT		Ad	dress			
L	No	No		217-1-8	943 J	.H.	Hubbard,	R.F.D.	# 3, Can	bridg	ge, l	Mary	land.
		TH [Enter only one co	ouse per	ine for (o), (b),	and (c).]		1	1	^		INT	ERVAL B	ETWEEN DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 /1	Me	ard	Co	e -10	elecr	l l				
Г	420.	DUE TO	10			/	71.	-//	- A			,4	0
	Conditions, if o		,	gron	one	16	erery	Inco	Leubor	el	1/	4-4	Delv
1	gove rise to in couse (o), stoting		/	2 to	- 4	1-1	1	.4					
1.	lying cause lost.) (re	NO	CUS	2100	2					
I GIT	PART II. OTH	IER SIGNIFICANT CON	IDITIONS.	CONTRIBUTING	TO DEATH 8U	TON T	RELATED TO THE TER	MINAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 1	PERFO	DRMED?
10	20- 45510517 144	C Integritate C	201 050	COIDE HOW IN		CD 15 1			. 11 . 6 's 10 1			YES _	NON
CEDTIEICATION		CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CKIBE HOW IP	JUKY OCCURK	ED. (En	ter noture of injury i	in Part I or Por	T II OT ITEM 18.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCUR	£.		F INJURY (Home, fo		or fown)		(County)		(State)
MED	Hour a.m. p. m.	19	While of wo			uc.017,	meer, divice blug., e						
ı	21. I certify th	at-l ottended the	deceos	ed from	1/12		1960 100	7/13	196	Athot I	lost so	ow the	deceosed
	alive on 5	113		50 , on	d that deat	h occ	urred at 71/	7+M. from	n the causes				
		5/7=	20	,					treet, city or town				ATE SIGNED
ľ	ACTUAL	140	10	rack	1	M.D.	104	40C	ust	74	-	57	1
	PHYSICIAN'S NAME (Type)	4.4.4	TN	K5			CAN	BR	1865	H	d	, /	13/60
2	O. BURIAL, CREMATIO			22c. NAME	OF CEMETERY C	OR CRE	MATORY	22d. LOCA	TION (City, town,	or county)		(Sto	te)
	REMOVAL (Specify)	5/16/19	60.	Green	nlawn Co	emet	terv	Ca	mbridge.	Mar	מרופי	h	
23	FUNERAL DIRECTOR			ADDRES	S		24a. RE	C'D BY REGIS	TRAR 24b. REG	ISTRAR'S S	GNATU	RE	
	Le Compte	Funeral S	ervic	e, Caml	oridge,	Md	DATE	MAY 18'	60	Ishlur .	S. The	att di	

TO HOSPITAL TO FUNER VS A15 (4) 15M 10/57

ned by the haspital or attending physicians

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

*TENDERS AND THE SECOND The same of the sa ALL SCHILL WEST OF S 5/16, 5... (6... + () () () () () PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (If RURAL and give neo

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MARYL	AND ST		ENT OF HEALT		MORE, 1	8	057	112
5720		CEKTIFICA	ATE OF DEAT	П		Reg. Dist.	No.	UR
ester Co.	45	MARYLAND	2. USUAL RESIDENCE (Vo. STATE		b. COUNTY	Porche		
outside corporate limits	s, write c. l	LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate	limits, write R			
Maryland	2	5 Years	13 Cambride	Mamy	and			
(If not in hospital, gi		ess)	d. STREET ADDRESS		CMSUL	a ya	ON	SIDENCE A FARM?
is, Street	-	Middle	455 Wills	4. DATE				
C	Alb		Hubbard	OF DEATH	Moni	ih ,	Day	Year 19 60
		NEVER MARRIED	8. DATE OF BIRTH 6/15/1883		AGE (In years lost birthday) 76 yrs.	Months Do		Min.
			STRY 11. BIRTHPLACE (Sto					T COUNTRY
	W	aterman	Tames.	Maryland	.		U.S.A.	
bbard				ia Benne	tt			
N U. S. ARMED FORC yes, give wor or dates of ser			INFORMANT		Addr なる Will		O	
I [Enter only one cou	un nor line fo		eonard R. Hu	moard, 4	55 W111		INTERVAL B	idge,
WAS CAUSED BY:	D	Casaal	in	ike and			ONSET AND	DEATH
DUE TO	845							
mediate DUE TO	0	. 0	7	1	/		7	

Cambridge d. NAME OF HOSPITA OR INSTITUTION 155 W111 NAME OF DECEASED (Type or print) 5. SEX Male 10g. USUAL OCCUPATION during most of working Waterman 13. FATHER'S NAME John Hu 15. WAS DECEASED EVER No 18. CAUSE OF DEAT PART I. DEATH Conditions, if on gove rise to im cosse (o), stoting the underorselle lying couse lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 21. I certify that I attended the deceased from 19 Chat I last saw the deceased alive on and that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Spedden Cemetery R.R.D Cambridge 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cambridge, Md. Orthur S. Thous Le Compte Funeral Service, °60 DATE JUN

VS A15 (4) 15M 9/55

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ADDRESS Cambridge

23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service

24b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

24a. REC'D BY REGISTRAR

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filed with	M)
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S. Poges		

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1.	Dore	chester			MARYLAND	11 0	. STATE	ylan	Carried Co.	d lived. If inst b. COUI	hitutions NTY Do:	Resider	este:	re admiss	ion)
		(If outside corporate limit	s, write	c. LENGTH	OF STAY IN 1	1	2 -	wn (If a mbri		rate limits, wri	ile RUR/	AL ond	give nec	rest town)
E	OR INSTITUTION	ITAL (If not in hospitol, g				11	to? Dor	ches	ter A	ve				ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Charles	R.		Middle Hy	ighes	Last		4. DATE OF DEATH		Month lay	2	26	,	10
5.	Male Male	6. COLOR OR RACE White	7. MARI		R MARRIED [oril 25	, 18	89	9. AGE (In ye lost birthdo		UNDER Aonths	Doys	Hours	R 24 HRS. Min.
10	during most of wo	ION (Give kind of work or orking life, even if retired) 3.735	done 10b.	Shipbin		DUSTRY	11. SIRTHPLAC	_		ountry)		12. CI			COUNTRY
13	Charles	H. Hughes			liils.	14	MOTHER'S M		ohnsor	n					
	. WAS DECEASED EV	ER IN U. S. ARMED FOR-		Unknow		Cha	mant arles H	ughe	s Jr.	Camb	Address		Mar	ylan	i
	PART 1. DE	EATH [Enter only one co EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	Me	ningiti	ls, ter					ıown			ONS	ET AND	DEATH
-	Conditions, if gove rise to code (a), stating lying cause lost	the under-)	sive bi										Doy Yeor 6 19 1 YEAR IF UNDER 24 Days Hours M IZEN OF WHAT COU USA Maryland INTERVAL SETWEE ONSET AND DEA' 18 hour 10 days	
CERTIFICATION	Bronchis	al Asthma, G	ener	alized	arteri	0-30	lerosi	s, o	ld Tbe	of L.	ape		RT 1(o) 1	PERFO	RMED?
	OR CONTRIBUTION	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRISE HOW II	VJURY OCCUI	RED. (En	ter nature of i	njury in I	Part I or Par	t II of item 18.	.)			e. IS RESIDENCE ON A FARM? YES NO [Doy Year 19 YEAR IF UNDER 24 H Doys Hours Min ZEN OF WHAT COUN USA INTERVAL BETWEEN ONSET AND DEATH 18 hours 10 days Dounty) (Sto	
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	10	While	NJURY OCCUP Not whi t Ot work	le		OF INJURY (Ho street, office b			or town)		(County)		(Stote)
	alive on 26	that I attended the May	deceas , 19_	ed from 3	d that dec	oth occ	urred ot	1:15	AM, from	n the couse treet, city or to	es ond	d on t	he da	te stote	ed obove
	PHYSICIAN'S NAME (Type)	dridge H. W	olff	, M.D.	15 Lo		Cambri st. C			land Maryla	nd			27 Me	ay 190
22	O. BURIAL, CREMATI	ON, 226 DATE THEREO	1960	22c. NAME	OF CEMETER	OR CRE	MATORY	Park	22d. LOCA	TION (City, town	wn, or c	ounty)	and	(Stote	»)

Maryland

may be VS A1S (4) 15M 9/SS

page 3 should be detached for use as the buriol-transit permit.
The registrar priar to buriol, cremotian, or removal, and in any

PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death.

	HEARD TO STA	MARYLAND STATE DEPARTME
25/05/07/07		
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THE RESERVE OF THE PROPERTY OF		

MARYLAND ST.	ATE DEPARTMEN	NT OF HEALTH-	BALTIMORE,	18
5722MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

Reg. Dist. No. 841

1. PLACE OF DEATH					IDENCE (Where deced	ased lived. If institu	ution: Residence	before adm	nission)
o. COUNTY Do	rchester		MARYLAND	o. STATE	laryland	b. COUNT	Dor	chest	ter
b. CITY OR TOWN (If outside corporate limits, writed	e RURAL	c. LENGTH OF STAY IN 16		TOWN (If outside co	rporate limits, write	RURAL and give	e nearest to	own)
	bridge		Life	13 0	ambridge				
d. NAME OF HOSPI	TAL OR INSTITUTION	If not in hosp	pital, give street address)	d. STREET	ADDRESS	SCOTION TO THE		e. IS f	RESIDENCE
Luthy F	arm Mach	nery	Co.	/- "	Cross S	t.			A FARM?
3. NAME OF DECEASED (Type or print)	James H		Middle d Jews	Los	4. DATE OF DEATH	May	h D		Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	8. DATE OF BIRTI	1	9. AGE (In years	IF UNDER TYE	AR IF UND	DER 24 HRS.
Male	Negro	WIDOWED		July 5	, 1911	gas birthdoy) yrs.	Months Day	Hours	Min.
10a. USUAL OCCUPATI during most of worki	ON (Give kind of work ng life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPI	ACE (State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
Mechar		Fai	rm Machiner	V Me	rvland		U.S	5 . A .	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
Charle	s Jews			Anr	ie Cepha	S			
15. WAS DECEASED EN	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address		701	
?	(If yes, give war or dates of	2	13-34-065B	Mrs. Pe	arl Jews	7 Cr	oss St		
	diate cause	Co	or (a), (b), and (c).] ronary occl	usion			IN O	Inst	
PART II. OTI	USE WAS DETRIBUTING	DITIONS CO	NTRIBUTING TO DEATH BUT				VEN IN PART 1(a	19. WAS PERFO YES	AUTOPSY ORMED? NO
20c. TIME OF INJU Hour a.m. p. m.	IRY Month, Day, Yes	20d. It While at wor	Nat while fac	ACE OF INJURY (tary, street, office		y or town)	(County)		(State)
	hot I took chorge I from: Natural	1	emoins described abo		. ,	Inspection X,		_, ond	find that
ACTUAL SIGNATURE	John Mace	m	M.D.	M.D. CHIEF A	REDICAL EXAMINER TO MEDICAL EXAMINER MEDICAL EXAMINER] ER []	1/60	DATE	SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify Burial	5/22/60		22c. NAME OF CEMETERY OF Bethel Cem			ATION (City, town, pridge,		(Sto	te)
23. FUNERAL DIRECTOR Herbert S		Cambr	idge, Md.		240. REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNAT	TURE	

VS. A15ME(S) SM 9/5S

or removal.

THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05704 574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH is necessory, please exector. Page 4 should be 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) LOCK 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO registror NAME OF Middle First 4. DATE Month Los Day Year DECEASED OF DEATH You fune (Type or print) 0 ony 19 for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. retained f last birthday) Months Days Hours Min. WIDOWED DIVORCED [3 to yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gug pe puo 13. FATHER'S NAME moy 14 MOTHER'S MAIDEN NAME certificate should be executed within 24 hours FILERS poges 5 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO File PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH OCCLUSION PART I. DEATH WAS CAUSED BY: ORONARY along with form OMIN IMMEDIATE CAUSE (o) o buriol-transit DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost pending in iner's Office o PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY used os PERFORMED? YES | NO P rificote, writing the word "pendi to the Chief Medical Examiner's DIRECTOR: Page 3 should be use 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.1 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K Inquiry and find that death resulted from: Natural causes Accident Suicide | | Undetermined cause Homicide | DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINERY BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 226. LOCATION (Cith. town, of)county) 0 BUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Thous 5M 9/55

HTADORO ETA DETENDO ETENDADA NO LADROSAN-SE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

744 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05705

Reg. Dist. No.

1.	o. COUNTY	orcheste	r	MARYL	AND	o. STATE Mary		sed lived. If institu b. COUNT		-	fore odmi	
	b. CITY OR TOWN (If ond give nearest town) Elloi		e RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	outside cor	porote limits, write	RURAL	nd give r	nearest to	wn)
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in hos	pital, give street address)		d. STREET ADDRESS					ON	ESIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Ware	te	Middle W •	Le	ngrall	4. DATE OF DEATH	May,		Doy 5		960
5.	Mal e	6. COLOR OR RACE White	7. MARRIE	_		- /	901	9. AGE (In years lost birthday) 58 59 yrs.	IF UNDE Months	R 1YEAR Days	IF UND Hours	ER 24 HRS. Min.
	Waterma		done 10b. K	Oystering	IDUSTR	Y 11. BIRTHPLACE (Stote Marylar		country)	12. CI	US		COUNTRY
13	Levin L	angrall				14. MOTHER'S MAIDEN N		le				
1S (Ye	. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.		s. Sarah		Address	tt,	Md.		
ATION	Conditions, if an gove rise to immedia, stoting the ucouse lost.	ote cause nderlying DUE TO		ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA		19. WAS /	AUTOPSY RMED?
MEDICAL CERTIFICATION		Month, Day, Yee 5-5 19 at I taok charge fram: Natural	Tie of 20d. H	d weights NJURY OCCURRED 200 rk of work por remains described Accident ,	PLACE foctor	fer nature of injury in Port feet and Gof INJURY (Home, form y, street, office bldg., etc.) ning Bay e, held an Autaps) ide X, Homicide M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL	jumpe 20f. (Cin	ed into y or town) lliott nspection X, ndefermined c	Do Inqu	ounty)		(State) Id. find tha
220	BURIAL CREMATION	ohn Mace		M . D . 22c. NAME OF CEMETER	Y OR C	DEPUTY MEDICAL E	XAMINER [0/60 or county)		(Stote	e)
23.	Burial FUNERAL DIRECTOR'S 11 loughby		. Honj	Bishop's ADDRESS e East Nev		ad Cemeter	y Bi	Shop! S T	lead	IĞNATU	or.	Md.

VS. A15ME(5) 5M 9/55

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FOR STATE HEALTH DEPT

neral director. Page delay is necessary, TO DE Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necephales execute the cartificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the merel director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board on its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours if the death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5723AEDICAL EXAMINER'S CERTIFICATE OF DEATH 06846

			· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH a. COUNTY		(Whare dacaasad livad, If institution: Res	
Dorchester MARYLAND	a. STATE Maryl	and b. COUNTY Dor	chester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If ou	tside corporata limits, writa RURAL end s	give nearast town)
Cambridge	Rural Camb	ridge	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Cambridge Maryland Hospital	/ R.F.D. 2		YES NO
3. NAME OF First Middle DECEASED	Last 4.	OF	Day Yaar
(Type or print) Elmer Andrew	Lee	DEATH May, 30	19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YI	
Male Negro WIDOWED DIVORCED	Oct. 10, 191	8 Introdey) Months De	eys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if relired)			EN OF WHAT COUNTRY?
Laborer Trucking	Maryland	U	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME	
John R. Lee	Dora Whi	ttington	
	NFORMANT	Address	
(Yas, no, or unkown) (Ifyasgivewerordatesofservice) 220-03-0458	Rena Elliott	t, RFD 2, Cambri	idge, Md.
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]		3, 22, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Crushing Wound	chest		ONSET AND DEATH
DUE TO			
gava risa to immadieta ceuse			4-2-1-1
(a), stating the underlying DUE TO			
causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS ALITOPSY
FART II. O'THER SIGNIFICATION CONTINUES OF THE PARTY OF T	1001100		PERFORMED?
208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part Lo	r Part II of itam 18 \	YES NO
PRIMARY OF CONTRIBUTING Was driver of car			car.
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While at work to et work Rt.	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town) (County	y) (Stete)
6:40 5/30/60 While Not While Rt.	50 Nr.	Cambridge, Dor.	Md.
21. I certify that I took charge of the remains described above, he	old an Autopsy , Ins	pection XX. Inquiry ,	and in my opinion
death resulted from: Natural causes , Accident X, Suice	ide , Homicide	, Undetermined manner	
	CHIEF MEDICAL EXAM	MINER	
ACTUAL 21	M.D. ASSISTANT MEDICAL	L EXAMINER	DATE SIGNED
SIGNATURE STATE OF ST	DEPUTY MEDICAL EX	AMINER X 6/4/60	
examiner's John Mace Jr. M.D.	Addrass (Street, city,	town, or county)	
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF		d. LOCATION (City, town, or country)	(Slete)
Burial 6/5/60 Cordtown Ce	metery Nr	c. Cambridge, Dor	. Md.
23. FUNERAL DIRECTOR ADDRESS 7.5	24a. REC'D B	Y REGISTRAR 246. REGISTRAR'S SIG	NATURE
Herbert StClair Cambridge, Md.	DATEIUN 1	0.00 0.00	100 100 200
	I DAIGUN I	0 '60 Outling & #	1044

SECTIONAL OFFICE SECTIONS HOW WERE PRESENTED AND PROPERTY OF THE PROPERTY OF T . The second of the transfer of the transfer of the second The American Committee of the Committee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06847

		たり	3.0	CERTIFIC	All	E OF DEAT			Reg. D	ist. No		
	LACE OF DEATH	01	10 1		2.	USUAL RESIDENCE (W	here decease			nce befo	re odmis	sion)
C	. COUNTY	Dorche	ster	MARYLAND		o. STATE Mary	land	b. COUNTY		che	este	r
ь	CITY OR TOWN	(If outside corporate limi	ts write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	outside corpo	orote limits, write F	RURAL ond	give ne	arest tow	rn)
	Bary o	rs//s//and	е			× Tayl	ors I	Island				
	OR INSTITUTION	TAL (If not in holpital, o	give street	oddress)	,	d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?
	Cambr		land	Hospital	1/							NOT
3. N	AME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Moi	oth	De	y	Year
	Type or print)	Geor	ge	Lee		Lewis	DEATH	May	7	27	7.	19 60
S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years lost birthdoy)		100		ER 24 HRS.
	Male	Negro	WIDOWE	DIVORCED	A.	pril 26,1	913	47 yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12. CI	ITIZEN C	F WHA	T COUNTRY
	Labo		F	'ood Packing		Cordele	Geor	gia		US	SA	
13. 1	ATHER'S NAME				14	4. MOTHER'S MAIDEN	NAME					
		John Lew	ris				Reget	tta Iuc	eus			
15. Yes	WAS DECEASEDEV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFO	RMANT			lress			
	No			1-16-7065	Mr	s. Regett	a Lev	vis. Wir	nter	Har	ren.	Fla
	18. CAUSE OF DE	ATH [Enter only one co	ouse per lin	ne for (o), (b), and (c).]			Mall			INT	ERVAL B	ETWEEN
	PART I. DE	ATH WAS CAUSED BY:		Malignant	Hy	pertensio	n			ON	SET AND	DEATH
	4-66	DUE TO			- 2/							
	Conditions, if	ony, which)										
	gove rise to	immediate (
	coese (o), stoting lying couse lost.	the under										
Z	PART II. OI			ONTRIBUTING TO DEATH BL	JT NO	RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	VEN IN PA	RT 1(o)	9. WAS	AUTOPSY
CERTIFICATION			Urem	าเล								ORMED?
FI	200. ACCIDENT W	AS UNDERLYING		CRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury in	Port I or Por	rt II of item 18.)				
CER	OR CONTRIBUTING	G CAUSE OF DEATH										
3	20c. TIME OF INJU	RY Month, Day, Ye	ar 20d. It	NJURY OCCURRED 20e. F	LACE	OF INJURY (Home, far	m, 20f. (Cir	y or town)		(County)		(Stote)
MEDICAL	Hour a.m.	19	While of world	1401 MILLIE	octory	, street, office bldg., et	c.)					
2					0	10 · 1	[O ⁵	7/ (
	7.0	hat I attended the	decease	^		., 1959, to 1						
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	ACTUAL	()C.O.	for		43	207 732		cambrid		sa.	ں ہے	ATE SIGNE
d	SIGNATURE	ATUV-	13-6	May	_M.D.	221 1111	ie st-	oampr. To	rge 1	ICL e		31-0
	PHYSICIAN'S NAME (Type)	. Edwin F	'asse	tt,M.D.								
220.	BURIAL, CREMATIO	ON, 226. DATE THEREC)F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)		(Sto	te)
	Burial Specify	5/31/19	60	Smithville	C	emetery	Don	chester	· Co.	. 1	of.	
23. 1	LUNERAL DIRECTO	S'S SHENATURE	1	ADDRESS		24a. REC	D BY REGIS	TRAR 246. REGI	STRAR'S S	GNATU	REa	
11.	erbeck.	MANUE	tes)	Cambrid	ge	Md DATE	DIA 1 0		, , , , , ,			

VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5745 CERTIFICATE OF DEATH

8 05706

0190				Keg. Di	it. No.
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryl	TO THE PARTY OF TH	COUNTY	ce before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Cambridge	c. LENGTH OF STAY IN 16 2 weeks	c. CITY OR TOWN (III Marion	outside corporate lin	nits, write RURAL and q	give nearest town) 19×-2
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Eastern Shore State Hospi		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ROBERT	Middle VERNON	MADDOX	4. DATE OF DEATH M	Month	Day Year
s. sex 6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH 3/20/97	fost	E (In years birthday) Manths Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
TOUGH DUTING	KIND OF BUSINESS OR INDU	stry 11. BIRTHPLACE (Stor	te or fareign country)	12. CIT	U.S.
Robert Joseph Maddox		Tenah Po			
(Yos, no. or unknown) (If yes, give war or dates of service)		NFORMANT Hospital reco	ords	Address	
Chronic Brain Syndrome of		NOT RELATED TO THE TERM	rosis, with	n psychosis	PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a. jr. While		ACE OF INJURY (Home, far ctory, street, office bldg., e	rm. 20f. (City or tow	(C	County) (State)
21. I certify that I attended the decease olive on 5/24 , 19 0	50,, and that death	, 19, to	D.M. from the ADDRESS (Street, ci	couses ond on the	last saw the deceased ne date stated above DATE SIGNED 5/214/60
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial May 27, 1960	22c. NAME OF CEMETERY O			City, town, or county) Station, Md	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & So	ADDRESS nsCrisfield,	24a. REG	MAY 3 1 160	24b. REGISTRAR'S SIG	NATURE

All the same				
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	reside State Modelle and Charles Children State			
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		SUZETA I		
		And the second		and Hard

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	5745 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH o. COOKChester 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. ST Maryland b. COPOTChester
	b. CITY OR TOWN (If outside corporate limits, write Wingate ve necrest town) C. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town) Life Wingate
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 YES NOTE
	3. NAME OF DECEASED (Type or print) Allie P. Mc Namara Meredith 4. DATE Month OF DEATH May 27 19 60
	5. SEX Hemale 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 106. WIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 107. CITIZEN OF WHAT COUNTRY? WARYLAND 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 109. WIND OF WHAT COUNTRY? 109. KIND OF WHAT COUNTRY?
	Robert Powley Rebbaca Parks
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO (If yes, give wor or dotte of service) NONE Fred Pritchett Cambridge Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of left Breast ONSET AND DEATH
	Conditions, if any, which gove rise to immediate DUE TO DUE TO Evith metastuses Sym.
	lying couse lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
١	COR CONTRIBUTING CAUSE OF DEATH CONTRIBUTION
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Nat while at wark at wark at wark 19 wark 19 Nat while at wark 19 Nat while at wark 19 Nat wark
I	21. I certify that I attended the deceased from 6/20/55, 19, to 1960, that I last saw the deceased alive an 1/24, 1960, and that death occurred at 1/245M, from the causes and an the date stated above.
I	ADDRESS (Sireet, city or town, state) DATE SIGNED
	PHYSICIAN'S Lawrence Maryanov Cambridge Md
-	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) BENGYAL (Specify) May 29, 1960 Dorchester Memorial Park Cmabridge Maryland
-	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
1	The comple F Herak Service Cambridge Haryland DANIN 1 '60 Cursum A. Tombe

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 ained by the haspital or attending physician.

| DIRECTOR: After this certificate has been signed by the attending physician and campletely fill TO HOSPITAL TO FUN

by the funeral director,

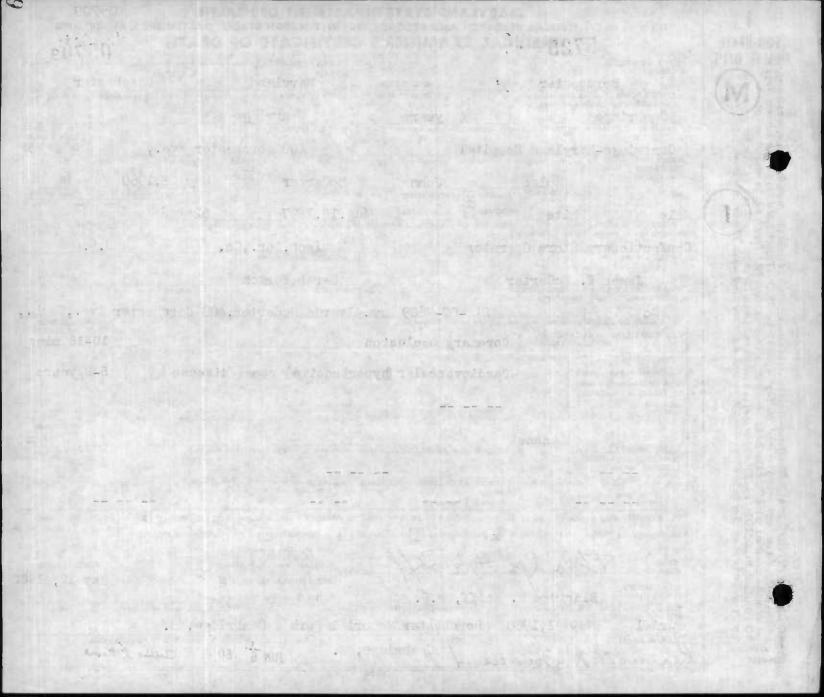
15M 9/55

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	AND THE RESERVE		
The same towards		ng, i okset dirinda	
Include the same of the	n I de marche de las		

FOR STATE HEALTH DEPT. delay is necessary, TO DE. IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the class execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the character direction 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 most the State Board of the character or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 0 VS. A15ME 5M 7/59

	MARYLAN	STATE DI	PARTMENT	OF HEAL	TH	05709
Division of STATISTICAL	RESEARCH A	ND RECORDS,	301 W. PRESTO	N STREET,	BALTIMORE 1,	MARYLANI
579 MEI	DICAL EXA	AMINER'S	CERTIFICA	TE OF D	DEATH	OFFO

I	1. PLACE OF DEATH a. COUNTY		MINISTER STATE		ICE (Where deceesed lived, If		nce before edmission)
1	Dorchest	er	MARYLAND	e. STATE Maryl	and b. coun	Dorches	ter
1	b. CITY OR TOWN (if outside corpo write RURAL end give neerest t	rele limits,	c. LENGTH OF STAY IN 16	V	(If outside corporete limits, write		
1	Cambridge		4 years	Camb	oridge		
d	d. NAME OF HOSPITAL OR INSTIT	UTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
η	Cambridge-Maryl	and Hospi	tel	400	Dorchester Ave		YES NO TO
1	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	The state of the s	Y Year
1	(Type or print)	olan	John	McCarter	DEATH May 28	.1960	19
J	5. SEX 6. COLOR C	R RACE 7. MARRIEL	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR	
Y	Male Whit	e WIDOWE		Aug.10,1897	lest birthdey) 62 yrs.	Months Deys	Hours Min.
1	10e. USUAL OCCUPATION (Give kind done during most of working life, ever	of work 10b. KI	ND OF BUSINESS OR INDUSTR		e or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	Confectionery Sto	re Operat	or	Madison, I	or. Co.	U.	S.
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME		
1	James F. Mc	Carter		Sarah Bu	rton		
4	15. WAS DECEASED EVER IN U.S. AR/ (Yes, no, or unkown) (Ifyesgivewaror	AED FORCES? 16.	OCIAL SECURITY NO. 17.		Address		
1	No.		14-07-7609 Mrs	.Alverda McC	Carter, 400 Doro	hester A	ve. Camb.
1	18. CAUSE OF DEATH [Enter	only one ceuse per li	ne for (e), (b), end (c).]			III	NTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSI IMMEDIATE CA	DBY: CUSE (0) Cord	mary Ocelusion	n			0-15 mins
1	1 20-1	DUE TO					
1	Conditions, if eny, which	(b) Card	liovascular (hy	pertensive)	renal disease	5	-6 years
1	geve rise to immediate cause	DUE TO					
1	(e), steting the underlying cause lest.	(c)	==				
	Z PART II. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e)	
	АПС	none					PERFORMED?
1	PART II. OTHER SIGNIFICANT 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING [CAUSE OF DEATH.	20b. DESCRI	BE HOW INJURY OCCURED. (E	inter neture of injury In Pe	rt I or Pert II of item 18.)		
I	20c. TIME OF INJURY Month,	Dey, Yeer 20d. I While	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fer ory, street, office bldg., etc.	m, 20f. (City or town)	(County)	(State)
ı	P.m. == ==		Tol-work 1				-
	21. I certify that I took ch	arge of the rem	ains described above, he	ld an Autopsy,	Inspection . Inquir	y X, and	in my opinion
	death resulted from: Nat	ural causes K,	Accident, Suici	ide, Homicide		anner	
	-RAA	0 1	115000	CHIEF MEDICAL	EXAMINER		
ı	ACTUAL SIGNATURE	ides A	wolf	M.D. ASSISTANT MEI	DICAL EXAMINER		DATE SIGNED
	EXAMINER'S		//Y	DEPUTY MEDICA	L EXAMINER	M	lay 29, 1960
1	NAME (Type) Eldri	dge H. Wol	ff, M.D.		city, town, or county)		
ı	228. BURIAL, CREMATION, 22b. DAT REMOVAL (Specify)		22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,	or country)	(Stete)
	Burial May 3	1,1960	Dorchester Mem		Cambridge, Md.		
	23. SUNERAL DIRECTOR	10	Cambridg	~ 162	C'D BY REGISTRAR 24b. REGI		
9	Serveth K.	Home	v- Committee	DATE J	un 6 '60 a	nthur S. Ku	LAA.
47							



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06850

	57	25	CERT	iric/	AIE	OF DEA	AIII			Reg. D	Dist. No.		(3
1. PLACE OF DEATH o. COUNTY	Dorches	ter	MAR	YLAND	2. U\$ o.	STATE	_	and	lived. If institu b. COUNT	Υ _	ence befor		
b. CITY OR TOWN RURAL and give n	(If outside corporate limi	ts, write	c. LENGTH OF STAY	(IN 16	c.				ote limits, write				
	bridge		30 yrs		1	Car	mbr	idge					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		/d.	STREET ADDRE	SS					. IS RES	SIDENCE FARM?
0 24	laces Lane					2	Mac	es L	ane			YES [NO [
3. NAME OF DECEASED	Fir	st	Middle	•	110	Last		4. DATE	Mo	nth	Doy	y	Yeor
(Type or print)	Orli				Mc (Cready		OF DEATH	Mar	V	29		1960
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	8. DATE	OF BIRTH			9. AGE (In years lost birthday)				ER 24 HRS.
Male	Negro	WIDOW	DIVORCE	ED 🔲	Aus	18.	18	399	60 yrs		Doys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work or rking life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11	BIRTHPLACE (Stote o	or foreign co	untry)	12. C	ITIZEN O	F WHAT	COUNTRY
	orer		Food Pac	kins	Ct.	Dorch	est	er Co	. bM		US	Α	
13. FATHER'S NAME					14. A	NOTHER'S MAIL							
	Elbridge	Mc	Cready		310			Jenn:	ie Too	h.			
15. WAS DECEASED EV	ER IN U. 5. ARMED FOR	CES? 16.		D. 17. I	INFORM.	ANT	-18	o Cini.		dress			
No	(if yes, give war or dates or s	ervice)	None	1	Castl	ner Mc	Cr	eady.	Balt	imore	e. M	d -	
18. CAUSE OF DE	ATH [Enter only one co	use per lin	ne for (a). (b). and (c)	.]	, /	/	. 1	0			INTE	RVAL BI	TWEEN
	ATH WAS CAUSED BY:	(1	accent	-	11	Olux	Va	rel u	10		ONS	ET AND	DEATH
4	DUE TO		18000	6-6-		0-1-1	10			0-07	-	20	W
Conditions, if	nny which)	[11]	TIME	0-1	1,1		-				1	,	
gove rise to	immediate (100	1	or LA	MI	1	Y						
tying cause lost.	the under-	1											
Z PART 11. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DE	EATH BUT	NOTRE	LATED TO THE	TERMIN	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 15	. WAS	AUTOPSY
Y Pasti	ul present	<1	Diles.	2/2	-la	Time	et	Mac	and			PERFC YES	RMED?
20a. ACCIDENT W	AS UNDERLYING CONTROL CAUSE OF DEATH	20b. DES	CRIBE HOW INJUSY C	CCURRE	D. (Enter	r noture of injur	ry in Po	ort I or Port	II of item 18.)				
PART II. OT 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY	CAUSE OF DEATH		()										
NO 20c. TIME OF INJU	RY Month, Day, Yes	or 20d. It	NJURY OCCURRED	20e. PL	ACE OF	INJURY (Home,	farm.	20f. (City	or town)	1700	(County)		(Stote)
Hour o. m.	19	While of world	Not while	fo	ctory, str	reet, office bldg	., etc.)				,,,,,		(0.0.0)
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11. 70	hat I attended the	- /							9 , 19 01				
alive an	167 VS		$2U_{-}$, and that	t death	accui	rred_at			the causes		the dat		
ACTUAL /	11/1/10	M-				(V	1	DDRESS (Str	eet, city or town	. stote)		D.	ATE SIGNED
SIGNATURE	N VICE CO	1	an		M.D	an	Mu	1111	7 WA	9			
PHYSICIAN'S NAME (Type)	. U. Tho	hu	bon					0					
220. BURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAME OF CEN	AETERY O	R CREM	ATORY		22d. LOCATI	ON (City, town,	or county)		(Stol	e)
REMOVAL (Specify Burial	6/3/19	60	Crapo	Ceme	eter	V		Cra	ano. Ma	arvla	and		
23 FUNERAL DIRECTO	YS SIGNATURE		ADDRES5				REC'D	BY REGISTR		ISTRAR'S S		E	1.000
Mechan	MARIO	Usy	# Cambr	idge	e, 1	Md. DATE	E JU	N 10'8	0 0	7-Ihun	3 Ka	u.A	

ATE OF DEATH	arima agra	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05707 5747 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If ourside corporate limits, write c. CITY OR JOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAYLIN 16 RURAL and give nearest town d. NAME OF HOSPITAL Uf not in Rospital, give street oddress) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO FT NAME OF Middle 4. DATE Lost Month DECEASED OF DEATH (Type or print) within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Hours DIVORCED F WIDOWED | 4 yrs 100. USUACTOCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CHIZEN OF WHAT COUNTRY? during most of working life, even if retired) ucherou puo corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion move 15. WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17_INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY ö IMMEDIATE CAUSE (o) **DUE TO** by en lusclenes ony Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTÓPSY PERFORMED? YES NO 14 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) cole 90 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month. Doy, Year 20f. (City or town) (County) Hour foctory, street, office bldg., etc.) o. m While Not while of work of work 19 60 to 5 21. I certify that I attended the deceased fram_ . 1962 that I last saw the deceased alive on 19 60, and that death occurred at _____M, from the causes and an the date stated above. 080 ADDRESS (Street, city_or town, stote) ACTUAL unne PHYSICIAN'S NAME (Type) 4 111111

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Year

Min.

(Stote)

DATE SIGNED

(Stote)

274 LOCATION (City, town, or county)

240. REC'D BY REGISTRAR DATE MAY 2 0 '60 24b. REGISTRAR'S SIGNATURE

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should be d May be 0 15M 9/5S

VS A15 (4)

BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S STGNATURE

REMOVAL (Specify)

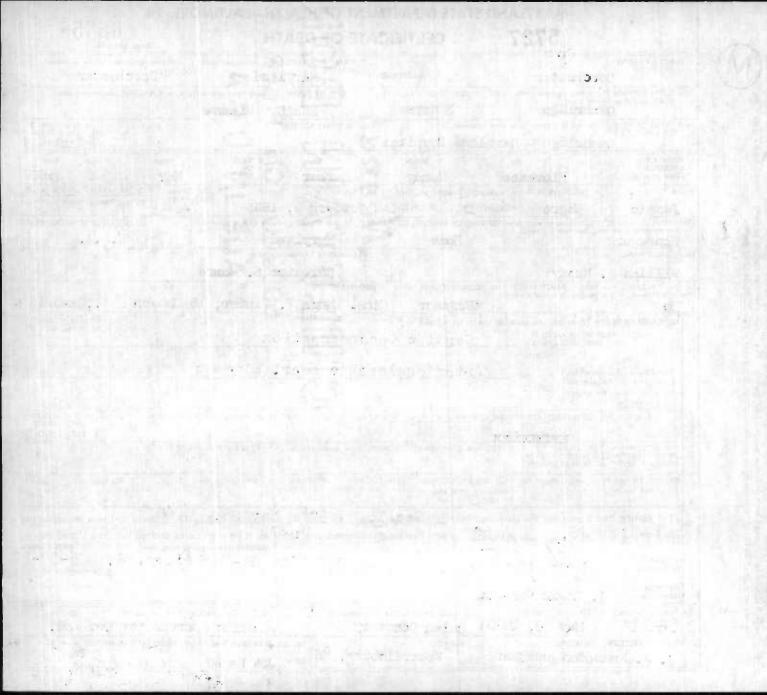
226. DATE THEREO

* 14 10 30	RTIPICATE OF DEATH	ED A TATE	
	or American (2)		

	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys	page 3 shauld be detached far use as the burial-transit permit. Then please remay
	by the	iit. Th
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AT	51	41

	COUNTY	orchester	MARYLAN	2. USUAL RESIDENCE (Whe	_	b. COUNTY	on: Residence Dorche	ster	ssion)
b.	CITY OR TOWN (III RURAL and give ne	f outside corporate limits, writerest town) ambridge	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If ou	tside corporote		URAL ond giv	ve nearest to	vn)
d.	OR INSTITUTION	AL (If not in hospital, give str ambridge — Ma:	ryland Hospita	d. STREET ADDRESS	8			ON	SIDENC A FARM
DE	AME OF ECEASED ype ar print)	First Florence	Middle Mundy	lost Parker	4. DATE OF DEATH	May		Doy 26	Year 196
S. SEX	x Fema le		MARRIED NEVER MARRIED [B. DATE OF BIRTH October 9. 18	9	AGE (In yeors lost birthdoy) 74 yrs.		YEAR IF UNI	
10a. L	USUAL OCCUPATIO		10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State of Maryland				S.A.	COUN
	ATHER'S NAME	. Mundy		Caroline		re			
15. W {Yes, n	VAS DECEASED EVER	R IN U. S. ARMED FORCES? If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. Unknown	Mrs. Laura V. F	inder.	Addr 16 Dob		t.,Car	bri
18	420	TH [Enter only one couse portion of the Couse BY: IMMEDIATE CAUSE (o) DUE TO	Cardiac D	ecompensation				INTERVAL E	D DEA
18	PART I. DEA' Conditions, if ar gove rise to ir cause (o), stating t lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Only, which the under: DUE TO CC DUE TO	Cardiac D Arterioscl	ecompensation erotic Heart	Disea		'EN IN PART	ONSET AN	D DEA
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MEDICAL CERTIFICATION 10 00 00 00 00 00 00 00 00 00 00 00 00 0	PART I. DEA' Conditions, if ar gove rise to ir cause (o), stating t lying cause last. PART II. OTH ROA. ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY HOUR G. M., p. m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO Co ER SIGNIFICANT CONDITIO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 19 at I attended the dec	Cardiac D Arterioscl NS CONTRIBUTING TO DEATH DESCRIBE HOW INJURY OCCU A. INJURY OCCURRED All while work at wark are assed fram. Dec. 9 60 , and that de	BUT NOT RELATED TO THETERMIN RRED. (Enter nature of injury in Portion of Injury (Home, farm, foctory, street, office bldg., etc.) 1, 19 59, ta Manual of the street of t	Disea	on DITION GIV of item 18.) town)) that I last d an the stote)	ONSET AN I(a) 19. WAS PERF YES [AUTOORMEI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please exe	cute errificote, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund linector. Page 4 should be	0	IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial, cremation
	4.3	No.	0
U.			

VS. A15ME(5) 5M 9/55

		5728 ^{MI}	DIC	AL EXAMIN	NER'S	CERTIF	ICAT	E OF	DEATH	Reg.	0.68	359	
1,	PLACE OF DEATH	Dorcheste	n						ed lived. If institu		-		
-					RYLAND	o. STATE	-			170	orch		
1	and give necrest to ambridg	Ilf outside corporate limits, writen)	e RURAL	c. LENGTH OF STA		18 ~	town (if ibrid		orate limits, write	RURAL	nd give n	eorest la	wn)
	north 79	od Ave.	If not in h	ospital, give street add	ress)	d. STREET A		Ave				ON	ESIDENCE A FARM?
3.	NAME OF DECEASED	illiam En	-	Middle irth Bell	Par	Lost		4. DATE OF DEATH	Month Mav	h	Doy 25	Y	fear 9 60
5.	SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRI	ED K 8.	DATE OF BIRTH	2011		9. AGE (In years	IFUNDE	R IYEAR	IF UND	ER 24 HRS.
	Male	Negro	WIDOW			oct. 29	10	77	lost birthday)	Months	Days	Hours	Min.
100	. USUAL OCCUPAT	ION (Give kind of work				1 1	CE (State	ar fareian co	dange time	12. CI	TIZEN O	F WHAT	COUNTRY
	Laborer	ION (Give kind of work ing tite, even if retired)		Cleaning		Mary	land		,,		US		
13	FATHER'S NAME			oreaming		14. MOTHER'S	-				UN.	17	
	The state of the s	am Parker											
15		VER IN U. S. ARMED FO	PCES2 14	SOCIAL SECURITY NO	0 17 15	Magg	ie E	ell	A alabara				
	n, no, or unknown)	[If yes, give war or dates of	service)	14-07-98(h R.	Herr	lo20 men Chi	E.	Hyd	e Pi	rk.
		ediate cause	_ C	on estive	he s	rt fai	lure				ONSE	RVAL BETWIET AND DE	ATH
CERTIFICATION		THER SIGNIFICANT CON								EN IN PA		PERFO	AUTOPSY RMED? NO 1
CERTI	20g. EXTERNAL CAPRIMARY OF COLORE OF DEATH	ONTRIBUTING	D. DESCRI	BE HOW INJURY OCC	UKKED. (EI	iter nature at inj	ury in Part	I or Part II o	of item 18.)				
MEDICAL	20c. TIME OF INJU Haur a. m p. m		Whi	INJURY OCCURRED le Not while ork of work	20e. PLAC focto	E OF INJURY (H ry, street, affice	ame, farm, bldg., etc.)	20f. (City	or tawn)	(0	aunty)		(State)
		that I took charge d from: Notural					Autopsy omicide		spection [A],	-	iry 🔲	, and	find tha
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John Mace	Jr.	M·D.	_	ASSISTAN	T MEDICA	AMINER LEXAMINER XAMINER	100	/60		DATE S	SIGNED
220	REMOVAL (Specific Burial	ON, 226. DATE THEREC		Bethel	Ceme				ion (City, town, ibridge,			(State	•)
23.	FUNERAL DIRECTO	71.2-1		ADDRESS	Come		24g, REC'D	BY REGISTI					
		StClair,	Cam	bridge, L	Id.			1.0 '60					

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TO FUNE

VS A1S (4) 1SM 9/SS

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	MARY	LAND	STATE DEPART	MENT OF	HEALTH	I—BAL	TIMORE, 1	8	1571	
	5729		CERTIFIC	CATE OF	DEATH	1		Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY	Dorches	ter	MARYLAN	I O STATE	ESIDENCE (WH		d lived. If institution b. COUNTY	-	e before or	MESSA I
RURAL and give r	(If outside corporate lim nearest town) oridge	ts, write	c. LENGTH OF STAY IN 1	c. CITY C		ride corpo	orote limits, write R	URAL ond g	ive nearest	town)
OR INSTITUTION	High Stre		oddress)	d. STREE	T ADDRESS	High	Street		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Pales		Middle Svlveste	r Plat	Lost	4. DATE OF DEATH	Mon Ma		Day	Year 1960
5. SEX Mal	6. COLOR OR RACE		RIED NEVER MARRIED	B. DATE OF B		1886	9. AGE (In years lost birthdoy)	IF UNDER		JNDER 24 HR
10a. USUAL OCCUPATION during most of working most of working most of working most of working most of the most of t	rking life, even if retired	done 10b.	KIND OF BUSINESS OR IN Farming	Do	1	or foreign o	country)			JSA
	Lexander ER IN U. S. ARMED FOR (If yes, give wor or dates of	CES? 16.	ter social security no. 17 None	. INFORMANT		Louis	a <u>Keen</u> Add Cambri	ress	Md.	
	immediate ()	ne for (o), (b), ond (c).] Arterioscl	PHY DY					INTERVA	AL BETWEEN AND DEATH
PART II. OT PART III. OT 20a. ACCIDENT W OR CONTRIBUTING	. (DITIONS	CONTRIBUTING TO DEATH I					EN IN PART	PE	VAS AUTOPS' ERFORMED? S NO
20c. TIME OF INJU	10	While	NJURY OCCURRED 20e. Not while	PLACE OF INJUR			y or town)	(C	ounty)	(Stot

60, that I last saw the deceased December 1 19 May 21. I certify that I attended the deceased from...

and that death occurred at 9 alive on May P.M. fram the causes and on the date stated above. ADDRESS (Street, city or town, stote)
PineSt-Cambridge, Md. ACTUAL SIGNATURE

22d. LOCATION (City, town, or county)

(Stote)

Edwin Fassett, M.D. PHYSICIAN'S NAME (Type) 22b. DATE THEREOF

220. BURIAL, CREMATION, REMOVAL (Specify) Old Dorchester ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAY 1 1 '60

22c. NAME OF CEMETERY OR CREMATORY

and that their	HIGHTE OF DEATH	19878	
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TO FUNE

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 5730

Reg. Dist. No.

05712

1	1. PLACE OF DEATH o. COUNTY			MARYLANI	II O STATE			d lived. If instituti						
1		Dorcheste				Mary.	-		Doro			1		
	B. CITY OR TOWN (II RURAL ond give ne	outside carporate limit arest town)	s, write	c. LENGTH OF STAY IN 11	c. CITY O	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
4		ridge		40 yrs.	13	Camb	ridge)						
Л	d. NAME OF HOSPIT	AL (If not in hospital, g	ve street (address)	d. STREET	ADDRESS				e. 1	S RESID	PINCE		
		ridge Mar	ylan	d Hospital	/	229	Pine	Street			ES 🗍			
1	3. NAME OF DECEASED	Fin	1	Middle		Last	4. DATE OF	Mon	th	Day	Ye	eor		
1	(Type or print)	Fred			Robins	on	DEATH	May		2.		960		
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BI	RTH		9. AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF	UNDER	24 HRS.		
	Mal'e	Negro	WIDOWE	DIVORCED	Feb.	2. 18	03	67 yrs.	Months E	ays H	lours	Min.		
	10a. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR IN				ountry)	12. CITIZ	EN OF V	WHAT C	OUNTRY		
	Labore	ing life, even if retired)		'ood-Packin	C	Georg	in			USA				
1	13. FATHER'S NAME	31.	I P	UUU-PackIII	7 .	R'S MAIDEN N				USA	-			
		2 1	D 1 .				3111	77 7 .0						
	15. WAS DECEASED EVER	Robert			. INFORMANT		Gusie	Robin Add						
	(Yes, no. or unknown)	If yes, give war or dates of se	rvice)	1 11 -11			-							
	Yes	1910		6-16-7446	Mrs. V	ergle	Ceph	ias, Ca	mbric	ige,	Mo			
		TH [Enter only one co	se per lin	ne for (o), (b), and (c).]						INTERV	AL BETY	WEEN		
		TH WAS CAUSED BY: [IMMEDIATE CAUSE (o)	Ur	remia		00				011021	7110	Criti.		
4	4433	DUE TO												
1	Conditions, if ar	ny, which)	Hype	ertensive C	ardiova	scula	r rer	nal dise	ease	45 =				
1	gove rise to in	nmediate (
1	tying couse lost.	(c)												
				ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS AL	JTOPSY		
	ATIC									F	ERFOR	MED?		
	20a. ACCIDENT WA	S UNDERLYING [7]	20b. DESC	RIBE HOW INJURY OCCUP	RED (Enter nature	of injury in I	Port Lor Port	t II of item 18.)		1 "	L	140 []		
	□ OR CONTRIBUTING	CAUSE OF DEATH												
			r 204 1A	JURY OCCURRED 20e.	PLACE OF INJURY	/ (Home form	206 (City	ne town)	10-			164-4-1		
1	Y 20c. TIME OF INJURY			Not while ot work	foctory, street, off	ice bldg., etc.	.) 201. (City	or lown)	(Co	unty)		(State)		
		19				-1177								
	21. I certify the	at I attended the	decease	ed from Feb 1,	, 19_6	Q, to Ma	y 2,	, 19.60	that I lo	st saw	the d	eceasea		
	alive on Ma	y 2	_, 19 6	$\Omega_{}$, and that dec	th occurred o	at	M, fran	n the causes o	ind an the	date	stated	abave		
		11. 1	5) '			ADDRESS (SI	reet, city or town,	stote)			E SIGNED		
	ACTUAL	14 Jes	wy		MD 227	Pine	St-C	Cambrid	ge .Md	. 5	3-3-	-60		
4														
	PHYSICIAN'S NAME (Type)	J. Edwin	Fass	sett, M.D.										
	22a. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	TION (City, town, o	or county)		(Stote)			
	Burial	5/5/196	0		emeterv		Can	ibridge.	Mar	vlan	d			
	23. FUNERAL DIRECTOR	SAIGNATURE D	/	ADDRESS		24a. REC'	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE	- 7	-		
	Merries .	winas	1	Cambrid	ge, Md.	DATE M	AY 11 '	60 a	Thur S.	traces				
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	cute entificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune mitector. Page 4 should be	forw. d to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to buriol, cremotion,	or removo
2		1	NE	CM
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VS. ATSME(S) 5M 9/55

MARYLAND 57 MEDICA	STATE DEPARTMENTS	NT OF HEAL	TH-BALTI	EATH	(15713 log. Dist. No.
ster	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased i	ived. If institution b. COUNTY	Residence before o
corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		te limits, write RUR	
entrance of Maryland Hos	spital, give street oddress)	d. STREET ADDRESS		Street	e. II C YES
First	Middle TEDSUA DID	Lost	4. DATE OF	Month	Day

o. COU		hester			MARYL	AND	o. STATE	Marvl Marvl		ed lived. If insti b. COUN	ITY			
b. CITY		pulside corporate limits, wa	ile RURAL	c. LENG	TH OF STAY II	d lb	c. CITY OF			orate limits, writ		orche nd give n		
	Cambrid	ge			40 yes	ars	13 Cs	ambrid	or m					
d. NAM	e of Hospita Emergen	ey entrange-Marylar	(If not in)	hospital, give			d. STREET	ADDRESS					ON	ESIDENCE A FARM?
3. NAME			irst	PATPUT	Middle	[]				n Street				
(Type o	SED	CI	HARLE	-	EDWARI		SIMM	ONS	4. DATE OF DEATH	Mor		Day 10		Year 1960
S. SEX		6. COLOR OR RACE	7. MAR	RIED NE	VER MARRIED	8. 1	DATE OF BIRTH	H		9. AGE (In years fast birthday)				ER 24 HRS
	Male	Negro	WIDOW	VED 🔲	DIVORCED [ונ	1-1-1	0		50 yrs	. Months	Days	Hours	Min.
10a. USUA	L OCCUPATIO	N (Give kind of work	done 10b	. KIND OF B	USINESS OR IN	DUSTRY	11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
doing i	Labor			Frago	n Food			Flori	do			77 0		
13. FATHE	R'S NAME	V.		11040	H FOOU		4. MOTHER'S		20.00			U.S	-A-	
	TTon law						•-	-1-1-1						
15. WAS 0		nown R IN U. S. ARMED FO	ORCES2 1	6. SOCIAL SE	CURITY NO	17 (A)E	ORMANT	ittie	Simmo	1.8 Addres		12 (1)		
(Yes, no, or u		(if yes, give war or dates o		1130	7.7									
	no				7-9292		Elsie S	limmon	s, Car	nbridge,	Mary			
18. CA		H [Enter only one co	use per lin	ne for (o), (b)	, ond (c).]							INTE	RVAL BETWEET AND DE	EEN ATH
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	rise to immedi													
	e lost.	nderlying	c)											
ATION	PART II. OTHE	ER SIGNIFICANT CON		CONTRIBUTII	NG TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PA		9. WAS PERFO	AUTOPSY DRMED?
CAUSI	XTERNAL CAUS	SE WAS TRIBUTING []	0b. DESCR	RIBE HOW IN	JURY OCCURR	ED. (Ent	er noture of in	ijury in Port	l or Port II	of item 18.)				911
9	Hour o.m.	Month, Day, Ye	W	J. INJURY OG hile No work = ot	t while	PLACE factory	OF INJURY (I	Home, form, bldg., etc.)	20f. (City	ar town)	(C	ounty)	10	(Stote)
21. 1	certify the	at I took charg	e of the	remains	described	above	, held an	Autopsy	D. In	spection E	. Inau	ry 🖃	. and	find tha
		from: Natural							_	determined		_	0110	11110 1110
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SIGN	ATURE	wing	6/1	· VV	77		M.U.						5-13	60
	AINER'S E (Type)	Eldridge F	I. Wol	lff, M	.D.				XAMINER		100		0-10	-60
REMO	VAL (Specify)	, 22b. DATE THERE		22c. NAM	E OF CEMETER	Y OR C	REMATORY	7	22d. LOCAT	ION (City, town,	or county)		(Stot	e)
	rial	5-16-6	O .	Re	thel Ce	met	aty			ridge		1/6	Tyle	e d
	AL DIRECTOR'S	StClair.							MAY 1 7	'60 246. REG	ISTRAR'S SI		E	
	the second of the	OL OL .	etha .					DATE	A L YEAR	CATA I	THE PARTY	1 / 1	COARA	

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MARYLAND	STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	3
AAFDIO	AL EVALUEDIC	OFFICIOATE OF BEATH	

05715

(Stole)

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Dorchester Co MARYLAND Dorchester Co. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) and give negrest town) Cambridge. Maryland. Life Cambridge. Maryland. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Cambridge . Maryland Hospital. YES NO T Cambridge NAME OF Middle Month Year DECEASED OF (Type or print) William Sidney DEATH 1960 Spedden S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Hours WIDOWED [DIVORCED [Male White yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Sea Food Pakker Sea Food Packer Maryland, Dorchester Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Calvin Spedden Julia Mitchell IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Sidney Spedden, Cambridge, No Unknown INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary occlusion Hr. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour Not while o. m. ot work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 1 Inquiry and find that death resulted from: Natural causes X. Accident . Suicide , Homicide , Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) John Mace Jr. M.D. DEPUTY MEDICAL EXAMINERS 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

VS. AISME(S) SM 9/55

Dorchester Memorial Park Cambridge 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Le Compte Funeral Service, Cambridge, Md. arithur & Krous DATEJUN

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

TICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05716

5748

o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Dorchester MARYLAND	Mary Land Buch Anne
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
Cambridge 24+5	Centerille - 17X-a
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Eastern Shore State Hookild	YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Educated Earl ST	DEATH MAY 10 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years I UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Nov 19 1939 Lost birthdoy) Atanths Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	
Nore	Malusa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I EDWARD STOWMAN	STELLA COPPAGE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Yes, no, or unknown) ((If yes, give wor or dates of service)	INFORMANT Address
1 5 STATE OF	tospital Records Cambridge 119
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONET AND DEATH
IMMEDIATE CAUSE (a) DUE TO	- / GEMOTITIES - NA
Conditions, if any, which (b)	
cause (a), stating the under-	
lying cause lost. (c)	The was the second seco
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
III CA	YES NO
OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Port II of item 1B.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. Haur a. m. p. m. 19 at wark of wark	PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) foctory, street, office bldg., etc.)
p. m. 19 at wark ot wark	
21. 1 certify that (I) (this haspital) attended the deceased fram	m May 22 1957, ta May 10, 1960, that (1) Wel last
	t death accurred at 130M, from the causes and on the date stated above.
22o. SIGNATURE	22b.DATE
Thomas J. Dredge-	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. STAFF
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Thomas. Dredge	Cambridge Md.
230 BURIAL, CREMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
SORINI 5/13/60 GHURCI	h Hill Church Hill ma
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Edge & Dan To hunch To	DATE MAY 17'60 Chilling S. Kraus

TAUTH 1890 Josephasias morales de deste Competition SALS CENTERVITE Edward Fart Stanman Way to do

Nover 1984 to do Hospitel Pecards Cambridge and Cerebral Haemorrhoge "int 100 00 01 poly 12 22 poly es ilolu Thomas Dudge-Cambridge Illy. 2 homes. T. Dredge

ompte Funeral Service. Cambridge, Md.

DATEMAY 1 8 '60

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(State)

VS A15 (4) 1SM 10/57

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TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may it wined by the haspitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills, in by the funeral director, poge 3 shauld be detached for use os the burial-transit the State Baard of Health priar to burial, cremation, or

VR A15 (4) 15M 9/59

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signed by the attending physician and completely fills. by the funeral director	permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	remaval, and in any event, within 72 hours after death.		
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1.	PLACE OF DEATH o. COUNTY			- 1 0	JSUAL RESIDENCE	(Where deceased li	ved. If institution: b. COUNTY	Residence befo	re admission)
7	Dorchester		MARYLAN	AD A	clusen	nd ho	reest	79	-
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	CALENGTH OF STAY IN	1ь	CITY OR TOWN	(If outside carporot	e limits, write RURA	L ond give ned	arest town)
10	-2mbridg	ø		1	cean	"CITY		2.	3X-2
	d. NAME OF HOSPITAL (If not in hospital or INSTITUTION	ol, give street o	address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
1	Eastern Shor	× 5731	e Hoshitah			4.			YES NO
3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Month	Da	y Yeor
	(Type ar print)	E	T extre	140	, , , , ,	DEATH	Ma in	2	19 6 6
5.	SEX 6. COLOR OR RAI	CE 7. MARRI	ED NEVER MARRIED	8. QA	OF BIRTH	9.			IF UNDER 24 HRS.
	F 111	WIDOWE	DIVORCED	I W	12530	1870	lost birthdoy) M.	onths Days	Haurs Min.
10c	. USUAL OCCUPATION (Give kind of wo	ork done 10b. I	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (SI	tote or foreign coun	itry)	12. CITIZEN OF	F WHAT COUNTRY?
R	during most of warking life, even if reti		Over Ha	ME	Virgi	ria.		1)5	A
13.	FATHER'S NAME	VIIII	0 16 14 110		MOTHER'S MAIDE	N NAME			1
	SAMUEL JOH	N/50	N		SOPHI	+ 1011	115001		
15	WAS DECEASED EVER IN U. S. ARMED I			7. INFOR		+ JOH	Address		9 1
	is, no, or unknown) (If yes, give war or dates		Na	1	1.18 12	2	1	1	. 1. 11
-	No			330	3411.91	HEEDE	95	3 Mp	1150 p (4
17	18. CAUSE OF DEATH [Enter only one		e far (a), (b), ond (c).]	. 1	1 .	1			ERVAL BETWEEN
	PART I. DEATH WAS CAUSED E		Racha	1	totes.	osch	crosis	1	n bk
	4-50-0 DUE	TO -							
	Conditions, if ony, which)	(b)							
	gove rise to immediate DUE	то							
	lying couse lost.	(c)							
Z	PART II. OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN	IN PART 1(a)	9. WAS AUTOPSY
CATION									PERFORMED?
重	20a. ACCIDENT WAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (En	ter nature of injury	in Part I or Port II	of item 18.)		
CERT	OR CONTRIBUTING CAUSE OF DEA	TH ER)							
NA NA	20c. TIME OF INJURY Month, Day,	Year 20d. IN	JURY OCCURRED 20	e. PLACE C	OF INJURY (Home,	farm, 20f. (City or	town)	(County)	(State)
MEDI	Hour a, m.	While	Not while	foctory,	street, office bldg.,	etc.)			
>	p. m.	of work		~ ~		EC /2		10.	
	21. I certify that (I) (this hasp	ital) attend	ed the deceased fro	umU.c.)		12.20, .ta	15 N-3-	19.100, th	nat (I) (we) last
1	saw the deceased alive an	1104-1	19_60, and th	at death	accurred at	M, fram th	e couses and a	on the date	
	22o. SIGNATURE	17	1		ATTENDING _	MED.	STAFF .	1	22b. DATE SIGNED
	I homas.	ID.	redge	M.D.	PHYS.	DIRECTOR -	PHYS. 50	11/21	42 1960
	22c. PHYSICIAN'S NAME (Type)	1	701		22d. ADDRESS	, ,	1	Nin	1
	1 hom	25 1	il) rede	16	Ca.	7 d an	appi	11/14.	
230	BURIAL, CREMATION, 236. DATE THE	REOF	23c. NAME OF CEMETE	RY OR CH	MATORY	23d. LOCATIO	N (City, tawn, or co	ounty)	(Stote)
	BURIAL (Specify) 54	60	CLARK	CE	=M,	Fo	X HILL		VA.
24.	FUNERAL DIRECTOR'S SIGNATURE	0	ADDRESS 1	h.	25a. R	REC'D BY REGISTRA	R 25b. REGISTRA	AR'S SIGNATU	RE
1/	Anna A. Bur	roje	Bullin	PU	DATE	MAY A '60	Cath	on S. Krai	44
		7			-,//16	MAI T SS	Com	-1 2, 1000	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
TEO
CERTIFICATE OF DEATH

05719

	5/50 CERTIFICAT	
ľ	o. COUNTY Jorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) **CHARLES OF STAY IN 16 **CHARLES OF S	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If pal) in hospital, give street address) ORTHISTITUTION CHIEN MUNICIPAL (IF pal) in hospital, give street address)	d. STREET ADDRESS ON A FARM? YES \(\) NO \(\)
3	NAME OF DECEASED (Type or print) Ratherine Elizabeti	4. Willough by DEATH Manth 5 Day Year 1960
S	SEX) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUST during mast of warking life even if retired)	TRY 11. BUTTHPLACE (State or fareign country) 12. CPTZEN OF WHAT COUNTRY?
	Beorge Wright	14. MOTHER'S MAIDEN NAME Codding top
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. 19. no. or unknown) 17. IN. 17. IN. 19. no. or unknown) 17. IN. 19. no. or unknown 17. IN. 19. I	red B. Hilloughby Duelock
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ord	110e Decupeus 16 Interval Between ONSELAND DEATH 3-6 WKS
	Canditions, if any, which gave rise to immediate	Sedemusis 20415
	cause (a), stating the under- lying cause last. (c) Ceneral 2C4	Arlerio Sclenatis 19415
No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAR AUTOPSY PERFORMED? YES NO
Feed	OR CONTRIBUTING CLOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I ar Part II of item 18.)
TA COLOR	Coc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while at wark 19 at wark 1	CE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) tary, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram	eath accurred at 200, from the causes and an the date stated abave.
	220. SIGNAPURE	A.D. PHYS. DIRECTOR PHYS. 312/200. DATE STAFF PHYS. 31/200 STAFF PHYS. 31/200 A.D. PHYS. 31/200 DIRECTOR PHYS.
	22c. PHYSICIAN'S Hay or old 13. 194mmcn	Prey try Morylon of
2	REMOVAL (Spenty) 40/1/60 Quest New OF GEMETERY OR	PRANTER 230-LOCATION (City, town, or county) (1510)
2	while the state of	DATE JUN 6 '60 C'ILLIN 8 KILLING

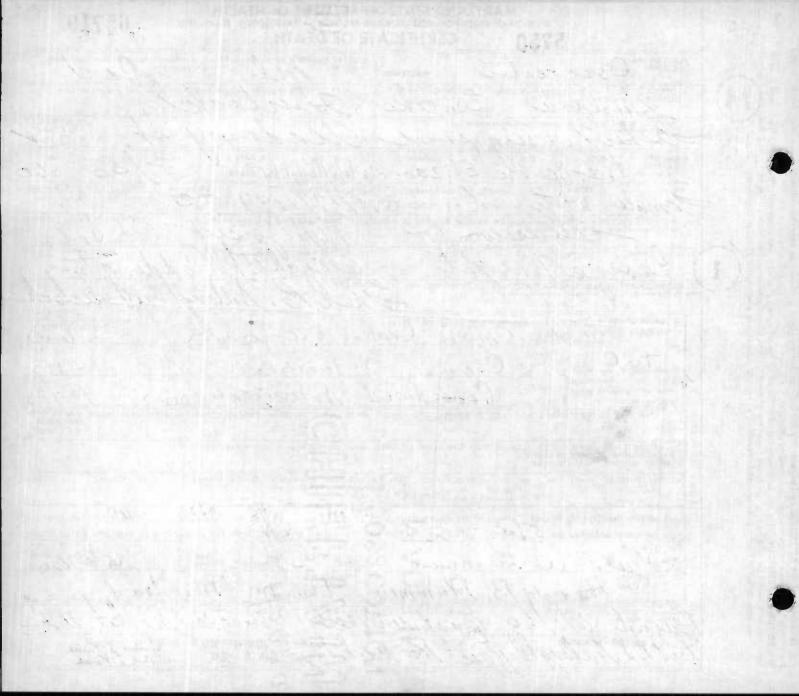
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be nined by the hospital ar attending physician.

TO FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillibe, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

and 2 should be filed with

haurs ofter death. Page a



TO HOSP

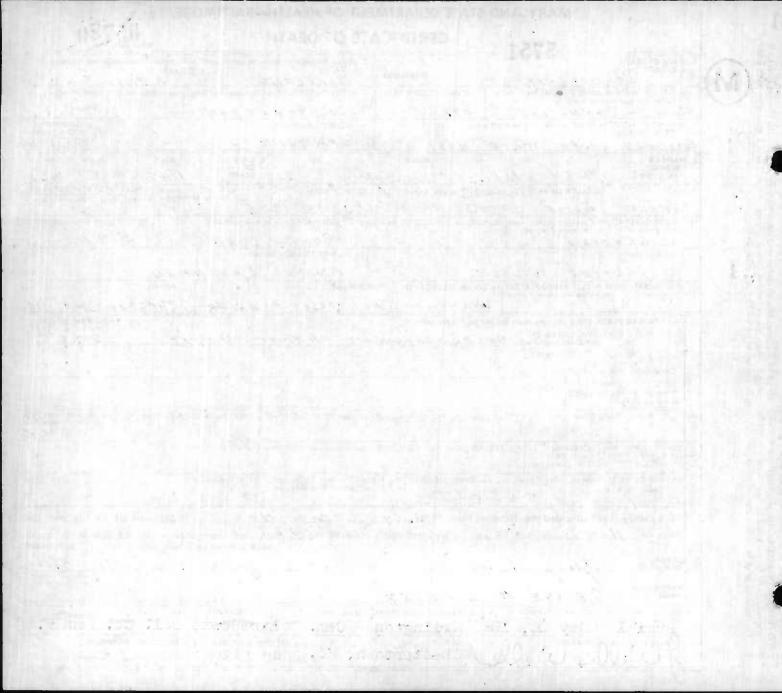
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(15721) Reg. Dist. No.

5	75					Keg. Dist. 140	•	
1. PLACE OF DEATH O. COUNTY DOR CHEST	- = 0	MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY	Residence before	re admissio	in)
b. CITY OR TOWN (If autside carporal		OF STAY IN 16	c. CITY OR TOWN (IF				arest town)	
RURAL and give nearest town) RURAL - CAMBRIA	DEE GYR	5	CHESTE	FRTOWN	,	14	37	2
d. NAME OF HOSPITAL (If not in hasp OR INSTITUTION		17 (1)	d. STREET ADDRESS				e. IS RESIL	DENCE FARM?
EASTERN SHORE	STATE HOS	1.	UNKNOH	VN			YES 🗌	
3. NAME OF DECEASED (Type or print) MARY	First NE141	Middle W1250	Last N	4. DATE OF DEATH	Month Ma :		-	ear 960
5. SEX 6. COLOR OR F	RACE 7. MARRIED NEVE	R MARRIED	8. DATE OF BIRTH	9. AC		FUNDER 1 YEAR		
FEMALE WHITE	WIDOWED [DIVORCED [AUC 13, 18	878	8 / yrs.	Months Days	Haurs	Min.
Oa. USUAL OCCUPATION (Give kind af during mast af warking life, even if r	wark dane 10b. KIND OF BU etired)	SINESS OR INDU	STRY 11. BIRTHPLACE (Stat	te ar foreign country)	12. CITIZEN OI		OUNTRY?
13. FATHER'S NAME	19 2 2 P		14. MOTHER'S MAIDEN	NAME	<u> </u>			
J. CHESTER	WILSON		ANNIE	LAUG	HMAN	,		
15. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL SECU	URITY NO. 1	NFORMANT		Addre	55		-
(Yes, no, or unknown) (If yes, give wor or do	UNKNO	WN MA	RS CHARLES ,	ATWATER	CHI	ESTERT	NWN.	Mp.
Iying cause last. PART II. OTHER SIGNIFICANT	(b)					N IN PART 1(a)	19. WAS A PERFOR YES	MED?
	EATH NER) 20b. DESCRIBE HOW I	INJURY OCCURRE	D. (Enter noture af injury in	n Port I ar Port II af	item 1B.)			
20c. TIME OF INJURY Manth, Doy Haur a. m. p. m.	7, Year 20d. INJURY OCCU While Not who of work at wark	JRRED 20e. PL	ACE OF INJURY (Hame, fai ctary, street, affice bldg., e		iwn)	(County)		(State)
21. I certify that I attended olive on MAY 13 ACTUAL SIGNATURE GROUP PHYSICIAN'S NAME (Type) GEORGE	1960, a	nd that death	accurred at 6 2 F	2_M, from the ADDRESS (Street,	couses and	l on the date tate)	e stoted DATE	obove. SIGNED
22a. BURIAL, CREMATION, 22b. DATE TO REMOVAL ISPECITY MAY		OF CEMETERY O	R CREMATORY	22d. LOCATION			(State) Pem 8	-
23. FINERAL DIRECTOR'S SIGNATURE	Sells Addre			C'D BY REGISTRAR		TRAR'S SIGNATU		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

5752

05721

Reg. Dist. No.

o. COUNTY	Orchester	MARYLAND	o. STATE	rvland b. COUNTY	Dorchester
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16		f outside carporate limits, write I	80201100001
RURAL ond give n	Cambridge	Life		ral-Cambridge	
d. NAME OF HOSPI	TAL (If not in hospital, give street		d. STREET ADDRESS	ran - camperoge	e. IS RESIDENCE
OR INSTITUTION RFD #3			RF1	D #3	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Day Year
(Type or print)	Alice		Wing	DEATH ME	av 4. 1960
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	
Female	Negro widow		May 1. 18	372 88 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
	ewife	Housewife	Dorches	ster County, N	Md. USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		20.0
	Unknown			Cassie Warfi	ield
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Add	Iress
NO.	[If yes, give war or dates of service)		Lydia Hami	lton. RFD 3.	Cambridge, Md.
	ATH [Enter only one cause per li		ayara namr	10011	INTERVAL BETWEEN
	ATH WAS CAUSED RV.		han Anna I I nach	15 -11	ONSET AND DEATH
4225		ardiovascula	ar Accident		
	DUE TO				
Conditions, if a	immediate				
cause (a), stating	the under- DUE TO				
lying cause lost.	(0)				
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5		sclerotic he			YES NO
OR CONTRIBUTING	AS UNDERLYING 206. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Port I or Port II of item 18.)	
20c. TIME OF INJUIT Hour a. gr. p. m.	While		ACE OF INJURY (Home, far ctory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
21. I certify the	hat I attended the deceas	ed from Dec 9.	, 1952, to 1	lav LL. 1960	_,that I last saw the deceased
alive on Ma		1			and on the date stated above
	MAV	LESE, J. and mar acam	occorred di	ADDRESS (Street, city or town,	
ACTUAL	14W Tres		227 Pi		dge, Md5-4-60
SIGNATURE	11	241	M.D.	TIO DO O ORIGITAL	ego;149-4-00
PHYSICIAN'S NAME (Type)	J. Edwin Fass	ett,M.D.			
	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
REMOVAL (Specify	5/8/1960	Beckwith C	emeterv	Dorcheste	er County, Md.
23 FUNERAL DIRECTOR		ADDRESS			STRAR'S SIGNATURE
Muherx	Mulau	5 Cambridg	e. Md. DAMA	y 11 '60 aus	hur S. Kraus

TO HOSPIT TO FUNER VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

ned by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely fille

VS A15 (4) 1SM 9/SS

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

5753 CERTIFICATE OF DEATH

05722

0100	CERTIFICA	AL OI DEATH	Reg.	Dist. No.
o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Resid	dence befare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Cambridge	34 rs 4/10	c. CITY OR TOWN (If or	utside carporate limits, write RURAL an	and give nearest town) 20×-2
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Eastern Shore State Hospit		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Vis (2)	4. DATE Month OF DEATH	Day Year 1950
S. SEX 6. COLOR OR RACE 7. MARRI WIDOWE		8. DATE OF BIRTH February	9. AGE (In years If UNE lost birthday) Month	DER 1 YEAR IF UNDER 24 HRS S Days Hours Min.
0a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	KIND OF BUSINESS OR INDUS Housework	Md.	pr fareign country) 12.	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Abel Morris		-	Lynch	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		stern Shore St	Address tate Hospital reco	ords
Conditions, if any, which gove rise to immediate cose (a), stating the underlying cause last. Conditions, if any, which (b) (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS C	The ge	neltati	O Y	D NK
CATIC	CRIBE HOW INJURY OCCURRED			PERFORMED?
	INDE NOW INSORT OCCURRE	o. (Lines notice of injury in t	of the total was ment to a	
20c. TIME OF INJURY Month, Day, Year 20d. IN White at work	Not while fac	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the decease alive an 12 1 3 1, 12 b	o, and that death	occurred at \1:25	AM, from the causes and an ADDRESS (Street, city or town, stote) tal, Cambridge, M	the date stated above
PHYSICIAN'S Thomas J. Dred				\ \
220. BURIAL, CREMATION, 226. DATE THEREOF 5/15/60	U.B.E. Chur		22d. LOCATION (City, town, or county) Bryansville,	y) (Stote) Penna
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Mich	Le Tenda DATE MA	by registrar 24b. REGISTRAR'S Y 2 3 '60 Callum.	SIGNATURE

State and	TE OF DEATH	CEXTIFICA	1773
			54 A
	Jan Barris (1972)		
The second section of the second			